

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

12193

1. PLACE OF DEATH

County Linn
City Waverly (No. 1)

Registration District No. 467

Primary Registration District No. 4280

File No. _____

Registered No. 51

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St., _____ Ward _____

(Usual place of abode)

(If nonresident give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elice Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 27 1862

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
64 5 18

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Lumber
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Terry Hale

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Unknown

14. INFORMANT Bernice Cox (Address) Waverly, Mo

15. FILED 4/17 27 Registrar R. W. Smart Deputy Registrar John G. Smith

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 15 1927

17. I HEREBY CERTIFY, That I attended deceased from May 19 1927 to April 15 1927 that I last saw him alive on April 14 1927 and that death occurred, on the date stated above, at 11:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic nephritis

131

(duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY) _____

18. WHEN WAS DISEASE CONTACTED _____

IF NOT IN PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Dr. C. C. ...
(Signed) _____, M. D.

, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Waverly, Mo DATE OF BURIAL 4/16 1927

20. UNDERTAKER Cox & Co ADDRESS Waverly, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

MAY 28 1927

