

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

Do not use this space.

32728

**1. PLACE OF DEATH**

County Buchanan Registration District No. 85  
 Township..... Primary Registration District No. 10C1  
 City St. Joseph (No. 618 Corby Street) St. .... Ward)

File No. ....  
 Registered No. 113

**2. FULL NAME** Nancy Melvina Cox.

(a) Residence, No. 1812 Messanie St. St. .... Ward. ....  
 (Usual place of abode) (If nonresident give city or town and State)  
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed.

16. DATE OF DEATH (MONTH, DAY AND YEAR) November 5 1927

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

17. I HEREBY CERTIFY, That I attended deceased from Aug. 1 1927, to Nov. 5 1927, that I last saw her alive on Nov. 3 1927, and that death occurred, on the date stated above, at 328 A m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) October 22, 1843.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	84	0	13	

Carcinoma of liver  
H&E (duration) Unknown yrs. mos. ds.

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work None.  
 (b) General nature of industry, business, or establishment in which employed (or employer).....  
 (c) Name of employer.....

CONTRIBUTORY (SECONDARY) 44 B (duration) ..... yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Illinois.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH.....

10. NAME OF FATHER Wesley Whittington.

18. DID AN OPERATION PRECEDE DEATH? NO DATE OF.....

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.  
 (STATE OR COUNTRY) Illinois.

18. WAS THERE AN AUTOPSY? NO

12. MAIDEN NAME OF MOTHER Mary Willie.

18. WHAT TEST CONFIRMED DIAGNOSIS? Clinical

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

(Signed) Herai B. B. B., M. D.

14. INFORMANT Mrs. Lulu Parks  
 (Address) 618 Corby Street.

Nov. 5 1927 (Address) Union Bldg. St. Joseph, Mo.

\*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 Albany Missouri. DATE OF BURIAL Nov 5, 1927

15. FILED NOV 5 1927 John A. [Signature] REGISTRAR

20. UNDERTAKER H. C. Bedenfadur ADDRESS 1802 Union

N. B.—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.

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