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

Do not use this space.

37298

JAN 19 1928

1. PLACE OF DEATH
County: Jasper — Registration District No. 417 — File No.
Township: ~~Joplin~~ — Primary Registration District No. 5-6-10 — Registered No. 153
City: ~~Joplin~~ West City — No. Ante 1 S. Hospital — St. — Ward)

2. FULL NAME Marion Cox
(a) Residence. No. 411 E. 9th 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr 7 — 1886

7. AGE: Years 41 | Months 7 | Days 24 | If LESS than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Miner
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Newton Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER Marion Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Annie Elliott
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Missouri

14. INFORMANT Tiger Cox
(Address) 411 E. 9th St.

15. FILED 12/2, 1927 — W. A. Brown Clark, R. M. Stonnurn, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 1 1927

17. I HEREBY CERTIFY, That I attended deceased from November 30 1927, to December 1 1927, that I last saw him alive on November 30 1927, and that death occurred, on the date stated above, at 6.25 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobular Pneumonia
23A 31
107A
(duration) — yrs. — mos. 7+ ds.
CONTRIBUTORY (SECONDARY) Chronic pulmonary tuberculosis
(duration) unknown yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? No. DATE OF
WAS THERE AN AUTOPSY? No.
WHAT TEST CONFIRMED DIAGNOSIS? Physical Examination
(Signed) Thomas Hay Denny M. D
Jasper County Tuberculosis Hospital
, 19 (Address) Webb City Missouri

*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: Forest Park Cem. — DATE OF BURIAL: 12-2 1927
20. UNDERTAKER: Neurlbut & Lynch — ADDRESS: Joplin Mo

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.

THIS IS A PERMANENT RECORD