MAR 21 1928

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

Do not use this space.

5951

1. PLACE OF DEATH

County: Polk
Township:
City: Bolivar
Registration District No.: 701
Primary Registration District No.: 4422
File No.:
Registered No.:
(No. ..... St. ..... Ward)

2. FULL NAME Wm Jackson Cox

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 11-11-1833

7. AGE: Years 92 | Months 3 | Days 10 | If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopkinsville Kentucky

PARENTS
10. NAME OF FATHER: John Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Nancy M Gray
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky

14. INFORMANT: Miss - Cox
(Address): Bolivar Mo

15. FILED: Mch 23 1928 J. T. Roberts, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Feby 21 - 1928

17. I HEREBY CERTIFY, That I attended deceased from Jan, 1928, to Feby 25, 1928 that I last saw him alive on Feby 21, 1928 and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Fracture of hip from fall 1816
1948
162 (duration) ..... yrs. ..... mos. 21 ds.

CONTRIBUTORY (SECONDARY): Senility
185 (duration) 5 yrs. 3 mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) G. D. Smith, M. D
Feby 23, 1928 (Address) Bolivar 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: Greenwood Cem
DATE OF BURIAL: Feby 23 1928
20. UNDERTAKER: W S White
ADDRESS: Bolivar 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.