Baldwin

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

Do not use this space.

8736

1. PLACE OF DEATH
County Iron — Registration District No. 392 — File No.
Township ~~Sumatra~~ — Primary Registration District No. 4231 — Registered No. 8
City Pilot Knob (No. ..... St. ..... Ward)

2. FULL NAME William Louis Cox
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(Usual place of abode)
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 M
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar. 12, 1855

7. AGE — YEARS 73 — MONTHS — DAYS 18 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Oskluso, Clay Co.
(STATE OR COUNTRY) Ill

PARENTS
10. NAME OF FATHER Eli Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill
12. MAIDEN NAME OF MOTHER Emily Francis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ill

14. INFORMANT Mrs Margrete Cox
(Address) Pilot Knob Mo

15. FILED Mar 31 1928 L. J. Effinger REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 30 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1928, to March 22, 1928 that I last saw h..... alive on March 22, 1928, and that death occurred, on the date stated above, at 9.45 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Bright's disease
131 / 29 A
(duration) one yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) Hard work and heavy lifting (duration) for yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
0 DID AN OPERATION PRECEDE DEATH? No DATE OF ✓
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Test for albumen
(Signed) Edward R. Bamhouse M. D
3-31-1928 (Address) Ironton 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 Middle Brook — DATE OF BURIAL April 1 1928

20. UNDERTAKER Norman White & Son — ADDRESS Ironton Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.