20152-1

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

Do not use this space.

20152-1

File No. .....

Registered No. 10

1. PLACE OF DEATH
County: Chariton
Township: Salt Creek
City: ..... (No. ..... St. ..... Ward)
Registration District No. 172
Primary Registration District No. 5254

2. FULL NAME: Perry 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 40 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Lucille (Dale) Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 7 1858

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
69	9	25	

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) Darrell
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER James Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.
12. MAIDEN NAME OF MOTHER Harriette Lucky
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ind.

14. INFORMANT Mrs. Ida Fry
(Address) Mendon Mo

15. Filed June 7 1928 W D West
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 2. 1928

17. I HEREBY CERTIFY, That I attended deceased from August 27, 1928, to June 1st 1928 that I last saw him alive on June 1st 1928 and that death occurred, on the date stated above, at 2:00 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Arterio-sclerosis and Cardiac Dilitation
9 days (duration) One yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Blood clot in popliteal artery with gangrene of foot (duration) yrs. One 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? None

(Signed) H. G. Buck, M. D
6-7, 1928 (Address) Rothville 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: Siloam Chapell
DATE OF BURIAL: June 3 1928

20. UNDERTAKER: Jas M Laughlin
ADDRESS: Marceline Mo

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

WRITE PLAINLY, WITH INK, IN BLACK LINE.

Confirmation Report