

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

Do not use this space.

1. PLACE OF DEATH

County Vernon  
Township.....  
City Nevada (No. ....) St. .... Ward)

Registration District No. 875  
Primary Registration District No. 3039

File No. 26208  
Registered No. 190

2. FULL NAME Elmo Earl Cox

(a) Residence. No. .... St. .... Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

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

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1928

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

17. I HEREBY CERTIFY, That I attended the death of Elmo Earl Cox, 19...  
that I last saw him alive on about 1:30 A.M., and that death occurred, on the date stated above.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 9 1912

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
16 5 13

Fracture of skull caused by being struck by an automobile while walking on highway two miles south of Nevada, Vernon Co., Mo.

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

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

9. BIRTHPLACE (CITY OR TOWN) Nevada  
(STATE OR COUNTRY) Missouri

19. DID AN OPERATION PRECEDE DEATH? DATE OF.....  
WAS THERE AN AUTOPSY? No

10. NAME OF FATHER R. E. Cox

WHAT TEST CONFIRMED THIS? (Sign) Chas. King - Coroner M. D.  
7-26-28 (Address) Nevada, Mo.

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D. H.  
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Louise Tracy

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) D. H.  
(STATE OR COUNTRY) Missouri

14. INFORMANT R. E. Cox  
(Address) Nevada, Mo 7208 Ash

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL  
Newton Burial Park July 25 1928

15. FILED 8/10 28 E. Q. Keating  
REGISTERAR

20. UNDERTAKER  
Allen V Hays Nevada, 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.

