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

Do not use this space.

27354

File No. 3430

Registered No.

1. PLACE OF DEATH

County Jackson — Registration District No. 399

Township Kaw — Primary Registration District No. 1002

City K. C. Mo. (No. Old City Hospital St. Ward)

2. FULL NAME Cox Grant

(a) Residence. No. 1401 E 8th St. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 37 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: Colored
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Unknown

7. AGE: Operally 50 YEARS | MONTHS | DAYS | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Janitor
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer: Robt. Harris 1401 Denver

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York City N.Y.

PARENTS

10. NAME OF FATHER: Lee Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Conn.
12. MAIDEN NAME OF MOTHER: Dinah Cox
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ky.

14. INFORMANT: Robt Harris
(Address) 1401 Denver

15. FILED 8/16, 1928 M. M. Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-13-1928

17. I HEREBY CERTIFY, That I attended deceased from 8-12, 1928, to 8-13, 1928, that I last saw him alive on 8-13, 1928, and that death occurred, on the date stated above, at 1:10 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Myocarditis
107A
93A
1000
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Bronchial Pneumonia
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Do not Know

DID AN OPERATION PRECEDE DEATH? NO DATE OF

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Lab. & Autopsy

(Signed) H. M. Smith, M. D.

8/15, 1928 (Address) Old City Hosp 22nd & Cherry

*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: Highland — DATE OF BURIAL: 8/17 1928

20. UNDERTAKER: H B Moore — ADDRESS: 1820 E 18

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.

...WITH UNFADING INK—THIS IS A PERMANENT RECORD