

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

Do not use this space.

30356-1

1. PLACE OF DEATH

County Jackson Registration District No. 397
Township Prairie Primary Registration District No. 4234
City Greenwood (No. _____) St. _____ Ward _____

2. FULL NAME

Dadje Edith Cox

(a) Residence. No. Greenwood U.S. Ward 7th
(Usual place of abode)

Length of residence in city or town where death occurred 49 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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

D. M. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 6-5-1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
55 3 9

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Pleasant Hill
(STATE OR COUNTRY) Illinois

10. NAME OF FATHER John Wiley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) unknown
(STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER M. A. Nicksic

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Peoria
(STATE OR COUNTRY) Illinois

14. INFORMANT D. M. Cox
(Address) Greenwood Mo.

15. FILED 12/1/28 mm W Sample
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept 14 1928

17. I HEREBY CERTIFY, That I attended deceased from May 28, 1928, to Sept 14, 1928
that I last saw him alive on Sept 12, 1928, and that death occurred, on the date stated above, at 7 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma - spindle cell - Soft Tissue
Leukemia
CONTRIBUTOR (SECONDARY) Leukemia
(duration) 1 yrs. 1 mos. 3 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Physical & Lab. Findings

(Signed) Walter A. Peters, M. D.
, 19 (Address) Leis, Greenwood, 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 Mo DATE OF BURIAL Sept 16 1928

20. UNDERTAKER G. L. Schick Bow ADDRESS Leis, Greenwood

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.

