NOV 22 1928

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

Do not use this space.

35747

1. PLACE OF DEATH
County Scott — Registration District No. 82 — File No. 81
Township Richland — Primary Registration District No. 6070 — Registered No.
City Sikeston (No. ..... St. ..... Ward)

2. FULL NAME Betty Cox
(a) Residence. No. 229 Maryland St., 3 Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 2 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): Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND OF~~ (OR) WIFE OF Silas Parks Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sep 10 - 1875

7. AGE: 53 YEARS — MONTHS: 1 — DAYS: 3 — If LESS than 1 day, ... hrs. or ..... min.

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

9. BIRTHPLACE (CITY OR TOWN) Derlie
(STATE OR COUNTRY) La

PARENTS
10. NAME OF FATHER Jim Henderson
11. BIRTHPLACE OF FATHER (CITY OR TOWN) —
(STATE OR COUNTRY) —
12. MAIDEN NAME OF MOTHER Minnie Hinds
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) —
(STATE OR COUNTRY) Miss

14. INFORMANT J. J. Cox
(Address) Sikeston Mo

15. FILED 11/10/1928 Mae E Davis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Oct 13th, 1928, to Oct 13, 1928, that I last saw her alive on Oct 13, 1928, and that death occurred, on the date stated above, at 9 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Cerebral haemorrhage
82A
(duration) 1 hour yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 74 (duration) yrs. 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? clinical
(Signed) A A Mayfield, M. D
Oct 13, 1928 (Address) ~~AA~~ Sikeston 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: Rector Ark — DATE OF BURIAL: 10-16 1928

20. UNDERTAKER: John Albritton — ADDRESS: Sikeston 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.