JUN 25 1929

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

Do not use this space.

36385-a

File No. .....

Registered No. 16

1. PLACE OF DEATH

County: Shannon

Township: Eminence

City ..... (No. ....., ... St. ..... Ward)

Registration District No. 184

Primary Registration District No. 6270

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

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PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 13 1928

7. AGE

Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: X

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY): Shannon Co Mo

PARENTS

10. NAME OF FATHER: Alfred Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Shannon Co Mo

12. MAIDEN NAME OF MOTHER: Minnie Opal Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY): Kentucky

14. INFORMANT: Alfred Cox
(Address): Eminence R 2

15. FILED: May 30 1929 Loretta Leonard
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 13 1928

17. I HEREBY CERTIFY, That I attended deceased from X, 19..., to X, 19..., that I last saw him alive on Nov 13, 1928, and that death occurred, on the date stated above, at 11:0 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Unknown

Good Health

CONTRIBUTORY (SECONDARY) ..... (duration) ..... yrs. ..... mos. ..... ds.

..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED: yes

IF NOT AT PLACE OF DEATH? yes

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? no

(Signed) J. P. Lyon, M. D

Nov 14, 1928 (Address) Goodwater 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: Jackson Cemetery

DATE OF BURIAL: Nov 14 1928

20. UNDERTAKER: Chaffin

ADDRESS: Ozark 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.