

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

JAN 22 1929

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

Do not use this space.

39645

1. PLACE OF DEATH

County Callaway  
Township Barren  
City Barren

Registration District No. 97  
Primary Registration District No. 5129

File No. \_\_\_\_\_  
Registered No. 2524  
Word \_\_\_\_\_

2. FULL NAME

(a) Residence. No. James Robert Cox St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred yrs. 7 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

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 4 - 1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_ hrs. or \_\_\_\_ min. 7 12

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Barren (STATE OR COUNTRY) Mo

10. NAME OF FATHER Elmer Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Barren (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER Ella Baneroff

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Barren (STATE OR COUNTRY) Mo

14. INFORMANT (Address) Elmer Cox  
Barren Mo

15. FILED Dec 16 28 19. H. H. Anderson REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY, That I attended deceased from Dec 12 1928 to Dec 16 1928 that I had saw him live on Dec 15 1928, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Broncho Pneumonia  
157 2nd Line  
107A

Constitutional malnutrition (duration) 3 mos.  
CONTRIBUTORY Chlorophyll deficiency  
(SECONDARY) and had pulmonary trochan  
(duration) 7 mos.

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

19. DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? \_\_\_\_\_

WHAT TEST CONFIRMED DIAGNOSIS? C. L. Trolsey, M. D.  
(Signed) 12/17/28 (Address) Barren 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 Pharos Cem DATE OF BURIAL 12/17 28

20. UNDERTAKER B. F. Mead ADDRESS Mo Barren

X. 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.

