

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

Do not use this space.

1408

1. PLACE OF DEATH

County Jackson Registration District No. 398 File No. _____
Township 30 Primary Registration District No. 5554 Registered No. 32
City Mont. Washington 9202 Kentucky St. _____ Ward _____

2. FULL NAME

(a) Residence No. 9202 Kentucky St. _____ Ward _____
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 6 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 30, 1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
70 9 1

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

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

10. NAME OF FATHER Dennis Cox

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

12. MAIDEN NAME OF MOTHER U

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

14. INFORMANT Mrs. Catherine Cox
(Address) 9202 Kentucky

15. FILED 2-1-29 F. D. Cook
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31 19 29
17. I HEREBY CERTIFY, That I attended deceased from 1-29-29 to 1-21-29, 19____, that I last saw h. 127... alive on Jan. 21-29, 19____, and that death occurred, on the date stated above, at _____ m.

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
930
107A
Arterial Sclerosis
Chronic Myocarditis
195A (duration) _____ yrs. _____ mos. 10 da.

CONTRIBUTORY Terminal Bronco Pneumonia
(SECONDARY) (duration) _____ yrs. _____ mos. 2 da.

18. WHERE WAS DISEASE CONTRACTED? 9008
IF NOT AT PLACE OF DEATH...

19. DID AN OPERATION PRECEDE DEATH? No DATE OF _____

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) R. F. Hackett M. D.
Feb 1, 1929 (Address) Medical Arts Bldg. Indyp.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENCE CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Toxoria, Kans. DATE OF BURIAL Feb 1 1929

20. UNDERTAKER D. H. Newcomer's Sons ADDRESS K. C. Mo.

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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.

1929
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Med. Arts & Log., Indep., 170

Indep. 834