

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

Do not use this space.

1947

1. PLACE OF DEATH

County Jackson
Township Union
City St. James (No. 10)

Registration District No. Hoo
Primary Registration District No. 3050 D

File No. _____
Registered No. 14
St. _____ Ward)

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward. _____
(Usual place of abode)
Length of residence in city or town where death occurred - yrs. 10 mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 4-8-1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
49 9 17

8. OCCUPATION OF DECEASED

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

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

10. NAME OF FATHER P. M. Cox

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

12. MAIDEN NAME OF MOTHER Mary Maughey

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

14. INFORMANT Mrs. Cora Cox
(Address) Lee's Summit Mo.

15. Jan 26 1929 St. James
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 27 1929

17. I HEREBY CERTIFY That I attended deceased from Jan 24, 1929 to Jan 25, 1929 that I last saw Jan 25 alive on Jan 25, 1929, and that death occurred, on the date stated above, at P. P. 4th

THE CAUSE OF DEATH WAS AS FOLLOWS:
Angina Pectoris
89 94A
(duration) 1 yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) None
(duration) _____ yrs. _____ mos. _____ ds.

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

DID AN OPERATION PRECEDE DEATH? Yes DATE OF _____

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Physician
(Signed) Dr. J. S. Lane, M. D.
, 19 _____ (Address) Lee's Summit 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 Camden Point Mo. DATE OF BURIAL 1-27-1929

20. UNDERTAKER Fields - James Lee's Summit Mo.
ADDRESS _____

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.

