FEB 4 1929

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

305

Do not use this space.

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1. PLACE OF DEATH
County Gasconade — Registration District No. 234 5423 — File No.
Township Brush Creek — Primary Registration District No. 3379 — Registered No.
City (No. St. Ward)

2. FULL NAME Laura Jane 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Femal
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): married

5a. If MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Wife of A. W. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5 1867

7. AGE: Years 61, Months 8, Days 27. If LESS than 1 day, ...hrs. or ...min.

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

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

PARENTS
10. NAME OF FATHER Jeff. Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN) not known (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY)

14. INFORMANT M. Cox
(Address) Oak Hill, Mo

15. FILED 2/3 1929 Sam C Bayless REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from January 31, 1929, to Feb. 2, 1929, that I last saw her alive on Feb 1, 1929, and that death occurred, on the date stated above, at 9.30 a. m.

THE CAUSE OF DEATH* was as follows:
Lobar Pneumonia
following Influenza

(duration) yrs. 2 mos. 4 ds.

CONTRIBUTORY (SECONDARY) Chronic Nephritis

(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?

(Signed) M. E. Spurgeon, M. D.

Feb 2, 1929 (Address) Red Bird 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: Oak Hill Mo
DATE OF BURIAL: 2-4 1929

20. UNDERTAKER: W. F. Gattenmeier
ADDRESS: Owensville 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.

235 1 31 31

Iron mountain

Mo

Joff Parker

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH
County Gasconade Registration District No. 3055 File No.
Township Mush Creek Primary Registration District No. 5423 Registered No. 7
City (No. St. Ward)

2. FULL NAME Laura Jane Cox

(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
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.

PERSONAL AND STATISTICAL PARTICULARS

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

5a. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF wife of A. W. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 5-1867

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, ... hrs. or ..... min.
	61	8	27	

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

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

PARENTS
10. NAME OF FATHER Jeff Parker
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Not Known
12. MAIDEN NAME OF MOTHER Not Known
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Known

14. INFORMANT M. Cox
(Address) Oak Hill Mo

15. FILED 3-14-1929 J. J. Ferrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 2 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 31 1929 to Feb 2 1929
that I last saw h.. ex.. alive on Feb 1, 1929, and that
death occurred, on the date stated above, at 9 30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
following Influenza
(duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Chronic Nephritis
(duration) 1 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?
(Signed) M. E. Spurgeon M. D
Feb 2, 1929 (Address) Red Bird 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	DATE OF BURIAL
Oak Hill Mo	2-4-1929
20. UNDERTAKER W. F. Gottenstuetes	ADDRESS Owensville Mo

SUPPLEMENTARY

- A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
- ...e carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should sig...
- ...t it may be properly classified. Exact statement of OCCUPATION is very important.

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