

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

Do not use this space.

15082

1. PLACE OF DEATH

County Joplin
Township Joplin
City Joplin Mo (No.)

Registration District No. 411
Primary Registration District No. 2002

File No.
Registered No. 177
St. Ward)

2. FULL NAME

(a) Residence. No. 1604 Joplin St., Ward.

Length of residence in city, or town where death occurred yrs. 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 Mal. 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Mar

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27 - 1844

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>84</u>	<u>6</u>	<u>19</u>		

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) J. Joplin Mo

10. NAME OF FATHER John C. Cox

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

12. MAIDEN NAME OF MOTHER Sarah R. Mercer

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

14. INFORMANT (Address) Dr. C. Cox 1604 Joplin St.

15. FILED 4/16, 1929 Dr. W. Clark. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

17. I HEREBY CERTIFY, That I attended deceased from Apr. 10, 1929, to Apr. 16, 1929, that I last saw him alive on Apr. 6, 1929, and that death occurred, on the date stated above, at 2 m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Arterio Sclerosis

CONTRIBUTORY (SECONDARY) lobar pneumonia (duration) 1 yrs. 1 mos. 4 da.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH. NO

DID AN OPERATION PRECEDE DEATH? DATE OF NO
WAS THERE AN AUTOPSY? NO

WHAT TEST CONFIRMED DIAGNOSIS? NO

(Signed) J. M. Ellis, M. D. (Address) 4116, 1929

19. PLACE OF BURIAL, CREMATION, OR REMOVAL NO Hope DATE OF BURIAL Apr. 18 1929

20. UNDERTAKER Frank Stevens Co ADDRESS Joplin 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.

MAY 27 1929

