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

Do not use this space.

33489

File No. 754

Registered No.

NOV 23 1929

1. PLACE OF DEATH

County Greene — Registration District No. 218

Township — Primary Registration District No. 2001

City Springfield (No. Burge Hospital St. Ward)

2. FULL NAME Mary Elizabeth Cox

(a) Residence. No. 1995 N. Boonville 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	white	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 - 1928

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	1	2	27	

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

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

PARENTS

10. NAME OF FATHER L. W. Cox

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

12. MAIDEN NAME OF MOTHER Catherine Waits

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

14. INFORMANT L. W. Cox
(Address) Springfield, Mo.

15. FILED 10-19, 1929 Lon Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH ✓

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 19 1929

17. I HEREBY CERTIFY, That I attended deceased from Oct 18 - 1929, to Oct 19 1929 that I last saw her alive on Oct 18 1929, and that death occurred, on the date stated above, at 1:20 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Marasmas — 107A

(duration) yrs. mos. 10 ds.

CONTRIBUTORY (SECONDARY) Broncho-pneumonia

(duration) yrs. mos. 1 ds.

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

DID AN OPERATION PRECEDE DEATH? No DATE OF —

WAS THERE AN AUTOPSY? no —

WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms

(Signed) W. H. Burke, M. D

Oct 19, 1929 (Address) 214 N. Jefferson

*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 Brown Cemetery Mammoth Springs Park — DATE OF BURIAL Oct 20 1929

20. UNDERTAKER J. W. Klingner & Co. 424 E. Commercial St. Springfield, Mo. — ADDRESS

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

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 important.

761