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

Do not use this space.

20302

1. PLACE OF DEATH

County: Pike — Registration District No.: 688 — File No.:

Township: Peno — Primary Registration District No.: 5916 — Registered No.: 9

City: ..... (No. ..... St. ..... Ward)

2. FULL NAME: Margret 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 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: ~~White~~ Col.

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): ~~Widow~~ Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF: ~~Widow of~~ Wife of Chas. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 28. 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	3	16	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: House Wife

(b) General nature of industry, business, or establishment in which employed (or employer): .....

(c) Name of employer

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

PARENTS

10. NAME OF FATHER: John Cleaver

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

12. MAIDEN NAME OF MOTHER: Lusty Early

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

14. INFORMANT: Chas Cox
(Address): Frankford Mo.

15. FILED: July 5, 1930 Matter Unsell
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): June 14, 1930

17. I HEREBY CERTIFY, That I attended deceased from June 14, 19..., to June, 1930, that I last saw her alive on June, 1930, and that death occurred, on the date stated above, at 10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): [illegible]

(duration) ..... yrs. ..... mos. ..... ds.

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

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) [illegible], M. D.

, 19 (Address) Frankford 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: ~~[illegible]~~ Frankford Ala — DATE OF BURIAL: June 17 1930

20. UNDERTAKER: E. A. Fields — ADDRESS: Frankford 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.