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.

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

Do not use this space.

35324-1

JAN 1931

1. PLACE OF DEATH
County Bollinger
Township Liberty
City Sturdivant (No. ... St. ... Ward)

Registration District No. ...
Primary Registration District No. ...
File No. ...
Registered No. ...

2. FULL NAME Mailon 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: Male
4. COLOR OR RACE: White
5. ~~SINGLE, MARRIED, WIDOWED OR DIVORCED~~ (write the word): Widower

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) aug 5 - 1843

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ... min.
87	3	23	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: pensioner
(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) Ind

PARENTS
10. NAME OF FATHER Unknown
11. BIRTHPLACE OF FATHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Unknown
12. MAIDEN NAME OF MOTHER Don't Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ...
(STATE OR COUNTRY) Don't Know

14. INFORMANT Mrs Don Baker
(Address) Sturdivant Mo.

15. FILED 1/1 1931 J. J. Chandler REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 28 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1930 to Nov 28, 1930 that I last saw h... alive on Nov 13, 1930 and that death occurred, on the date stated above, at 6 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of bladder

51B
49

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

CONTRIBUTORY (SECONDARY)
(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) J. W. Vanamburg, M. D.
, 19 ... (Address) Sturdivant 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: Cox Chapel
DATE OF BURIAL: Nov 30 1930

20. UNDERTAKER: A J Baker
ADDRESS: Sturdivant