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

Do not use this space.

39148

File No.
Registered No.

JAN 19 1931

1. PLACE OF DEATH
County: Greene
Township: Springfield
City: Springfield (No. R #1 St. Ward)
Registration District No. 322
Primary Registration District No. 5442A

2. FULL NAME: James Paul Cox
(a) Residence. No. R #1 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov 21 - 1922

7. AGE: Years 8 | Months 0 | Days 10 | If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: In School
(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: John E. Cox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ky
12. MAIDEN NAME OF MOTHER: Gracia McCarty
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Mo.

14. INFORMANT: John P. Cox
(Address): Springfield, Mo.

15. FILED 12-3 1930 W. S. Everett Tracy, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec. 1 - 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 13, 1930, to Dec 1, 1930, that I last saw him alive on Dec 1, 1930, and that death occurred, on the date stated above, at 3 o'clock p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia Lobar
10
108
(duration) yrs. mos. 2 ds.

CONTRIBUTORY (SECONDARY): Post nasal Diphtheria
prior to onset of Pneumonia.
(duration) yrs. mos. 6 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? Culture for Diphtheria

8/10

(Signed) Joseph D. Jarvis, M. D.
12. 2. 1930 (Address) Springfield 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: Mt Comfort Cemetery — DATE OF BURIAL: Dec 3 - 1930

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

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 very important.