MAR 26 1931

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

Do not use this space.

40385-A

1. PLACE OF DEATH

County Platte — Registration District No. 698 — File No. 40385-A

Township Marshall, — Primary Registration District No. 5927 — Registered No.

City (No. 20 Miles So. of St. Joseph, Union Road St. Ward)

2. FULL NAME Harry Atchison Cox,

(a) Residence. No. 20 M. So. on Union Road, St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 75 yrs. 11 mos. 9 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)
Male	White	Married,

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 15, 1855

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	75	11	9	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Platte County, (STATE OR COUNTRY) Missouri,

PARENTS

10. NAME OF FATHER Gasham Cox,

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

12. MAIDEN NAME OF MOTHER Agnes Porter,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Kentucky,

14. INFORMANT Mrs Lauren Cox (Address R.F.D.# 1, Weston, Mo.

15. FILED 3/3, 1931 J. H. Brill REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 24, 1930

17. I HEREBY CERTIFY, That I attended deceased from Dec-22, 1930, to Dec-24, 1930 that I last saw him alive on Dec-22, 1930, and that death occurred, on the date stated above, at 3:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cerebral thrombosis 89.8

77

[illegible] (duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Arteriosclerosis

(duration) 4 yrs. 0 mos. 0 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH ✓

DID AN OPERATION PRECEDE DEATH? No DATE OF ✓

WAS THERE AN AUTOPSY? No.

WHAT TEST CONFIRMED DIAGNOSIS? Clinical.

(Signed) Lewis C. Calvert, M.D.

12/24, 1930, (Address) Weston, 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	DATE OF BURIAL
Nelson Cemetery, via auto	Dec. 26, 1930

20. UNDERTAKER	ADDRESS
Heaton-Belgold-Bowman Funeral Home	St. Joseph, 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.

40385-1