

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

Do not use this space.

11594

1. PLACE OF DEATH

County..... Registration District No. 701
 Township..... Primary Registration District No. 1000
 City St. Louis (No. 4966, Blow) St. Ward)

File No.
 Registered No. 1 2805
 St. Ward)

2. FULL NAME

Theodore A. Cox
 (a) Residence. No. 4966 Blow St., 2 Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 9 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>w</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Helen M. Kimblore Cox</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July 11 - 1890</u>		
7. AGE YEARS <u>40</u>	MONTHS <u>7</u>	DAYS <u>18</u>
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work. <u>Proprietor of Restaurant</u> (b) General nature of industry, business, or establishment in which employed (or employer). <u>Restaurant</u> (c) Name of employer <u>Cox Cafe 2021 Washington</u>		

9. BIRTHPLACE (CITY OR TOWN) Fulton Co
 (STATE OR COUNTRY) Illinois

PARENTS	10. NAME OF FATHER <u>Oscar Cox</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Fulton Co</u> (STATE OR COUNTRY) <u>Illinois</u>
	12. MAIDEN NAME OF MOTHER <u>Hill's Barkley</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Fulton Co</u> (STATE OR COUNTRY) <u>Illinois</u>

14. INFORMANT Helen M. Cox
 (Address) 4966 Blow St

15. FILED May 2 1931 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1. 1
 16. DATE OF DEATH (MONTH, DAY AND YEAR) March 1st 1931
 17. No physician's attendance
 I HEREBY CERTIFY, That I attended deceased from, 19....., to, 19....., that I last saw h..... alive on, 19....., and that death occurred, on the date stated above, at, m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS: 170 A. Gun Shot Wound Head
Self Inflicted
 (duration)..... yrs..... mos..... ds.
 CONTRIBUTORY (SECONDARY) Suicide
 (duration)..... yrs..... mos..... ds.

18. WHERE WAS DISEASE CONTRACTED 167
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH?..... DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) J. W. Ferner, M.D.
3/2, 1931 (Address) Def. Coroners

*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 Ansitt Burial Pl DATE OF BURIAL Mar 4 1931

20. UNDERFAKER Weidmuller 6203 ADDRESS Gravies

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.

