

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

Do not use this space.

22509

1. PLACE OF DEATH

County Ripley
Township Doniphan
City (No.)

Registration District No. 750
Primary Registration District No. 5985

File No. 10
Registered No. 1042
St. Ward

2. FULL NAME

Joe Edward Cox

(a) Residence No. Ripley County St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 12 yrs. 3 mos. 11 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Caucasian 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) Feb-22-1919

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
12 3 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child 18
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 85
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co. Missouri

FATHER 13. NAME Ed. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mont Co. Mo.

MOTHER 15. MAIDEN NAME Lanlin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Ed. Cox, Doniphan Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Lake Ridge DATE 6-4-1931

19. UNDERTAKER (ADDRESS) A. E. Jordan, Doniphan Mo.

20. FILED 6/22 1931 W. D. Johnston Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 2, 1931

22. I HEREBY CERTIFY That I attended deceased from , 19 , to , 19 .

I last saw h. alive on , 19 . Death is said to have occurred on the date stated above, at m.

The principal cause of death and related causes of importance were as follows:

Drowning in Current River (Bathing) at mouth of Hills-Creek 3 miles north of Doniphan Mo

Other contributory causes of importance: Epilepsy 1885

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury , 19

Where did injury occur at mouth of (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Accidental Drowning
Nature of injury Bathing in River

24. Was disease of injury in any way related to occupation of deceased?
If so, specify

(Signed) M. D.
(Address)

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUL 28 1931

1880

1880

1880

1880