

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

Do not use this space.

25220

**1. PLACE OF DEATH**

County Jackson Registration District No. 303  
 Township Raw Primary Registration District No. 1004  
 City Kansas City (No. K.C. Gen'l Hosp) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Tenny Cox  
 (a) Residence, No. 2621 Montgale St. Ward. \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 6 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) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 20/1883

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
48 2 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labourer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

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) Mo.

FATHER 13. NAME J.C. Cox

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

MOTHER 15. MAIDEN NAME Julia Long

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

17. INFORMANT Deputy Clerk  
 (ADDRESS) K.C. General Hosp.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Floral Hill DATE 7/28/1931

19. UNDERTAKER Mrs. Forester  
 (ADDRESS) K.C. Mo.

20. FILED 7/27 1931 M. M. Cerone  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1931

22. I HEREBY CERTIFY, That I attended deceased from 6-15-1931 to 7-26-1931.  
 I last saw him alive on 7-26-1931. Death is said to have occurred on the date stated above, at 11:15 P.M.

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

Pneumophritic abscess Date of onset \_\_\_\_\_

Other contributory causes of importance: 1337

Name of operation None Date of 6-23-31

What test confirmed diagnosis? Other 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? \_\_\_\_\_ (Specify city or town, county, and State)

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

Manner of injury 1  
 Nature of injury \_\_\_\_\_

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

(Signed) P. Willems, M. D.

(Address) Dept. K.C. Gen'l Hosp.

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.

JUN 1 5 1949