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.

SEP 25 1931

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

1. PLACE OF DEATH
County St. Charles — Registration District No. 757 — File No. 29194
Township — Primary Registration District No. 3036 — Registered No. 128
City ST. Charles (No. ST. Joseph Hospital St. Ward)

2. FULL NAME Anna Elizabeth Cox
(a) Residence. No. 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: Female
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 J. T. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 23, 1888

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
43	2	24	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work at Home 1311 129
(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) Missouri

PARENTS
10. NAME OF FATHER Nickson Gentry
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Carrie Davis
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

14. INFORMANT J. T. Cox (Address) Elsberry Mo

15. FILED 8/18, 1931 Hy. D. Bloebaum REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 17 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 6, 1931, to Aug 17, 1931, that I last saw her alive on Aug 17, 1931, and that death occurred, on the date stated above, at 11:45 A.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General Peritonitis
123
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Gangrenous Perforated Appendicitis (duration) yrs. mos. 16 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Home
DID AN OPERATION PRECEDE DEATH? yes. DATE OF Aug 6-1931
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Operation
(Signed) Vincent A. Schweiter, M. D
, 19 (Address) St. Charles-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: Davis Cemetery — DATE OF BURIAL: Aug 19 1931

20. UNDERTAKER: David L. Forbush — ADDRESS: Winfield, Mo