

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

Do not use this space.

33839

1. PLACE OF DEATH

County Carroll
Township Carroll
City Northbourne (No. _____)

Registration District No. 138
Primary Registration District No. 4078

File No. _____
Registered No. 37
St. _____ Ward _____

2. FULL NAME

(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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emily F. Russell

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-20-1876

7. AGE YEARS 55 MONTHS 5 DAYS 16 IF LESS than 1 yr. _____ hrs. _____ min.

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

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 all life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rayon County

13. NAME Avery Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North Carolina

15. MAIDEN NAME Nancy E. Cox

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

17. INFORMANT (ADDRESS) Mrs. E. S. Cox and Northbourne

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill Cem. DATE 10-8-1931

19. UNDERTAKER (ADDRESS) Stanley Carroll, m.d., Carrollton, Mo.

20. FILED Oct. 7, 1931 E. S. Musson, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 6, 1931

22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1931, to Oct. 6, 1931

I last saw him alive on Oct. 6, 1931. Death is said to have occurred on the date stated above, at 4:30 P.M.

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

Typhoid fever. Date of onset unknown

Other contributory causes of importance: _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Serology 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 _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify _____

(Signed) B. E. Cole ; M. D.

(Address) Northbourne Mo.

NOV 28 1931

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.

