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.

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

Do not use this space.

File No. 37618

Registered No. 1482

1. PLACE OF DEATH

County: Jackson — Registration District No.:

Township: Kaw — Primary Registration District No.:

City: Kansas City (No. Research Hosp. St. Ward)

2. FULL NAME H.P.Cox

(a) Residence, No. 2921 Highland St., 4 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March.3,1863

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
68	8	3	

OCCUPATION

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

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

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) California Mo.

FATHER

13. NAME Thomas Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

MOTHER

15. MAIDEN NAME Miss Copencher

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

17. INFORMANT (ADDRESS) Mrs Bertie Cox 2921 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Park Cemetery DATE Nov.9,31 19

19. UNDERTAKER (ADDRESS) Wagner Funeral Home 204 W.Linwood

20. FILED 11-8, 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov.6,1931, 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 1 1931, to Nov 6 1931

I last saw him alive on Nov 6 1931. Death is said to have occurred on the date stated above, at 9:22PM m.

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

	Date of onset
Intestinal Obstruction	
due to Jaundice (6 days) & mesenteric vessel thrombosis	

Other contributory causes of importance: Atrophy of intestines & thrombosis of mesenteric vessels

Name of operation Laparotomy Date of 11/2/31

What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Henry Carr, M. D.

(Address) 910 Rialto Bldg Kansas

Unless had recently increased actual cause

[illegible]

10:[illegible] - 12:30

910 [illegible]

[illegible] [illegible]

On 7987