686

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

Do not use this space.

3513

1. PLACE OF DEATH

County: Vernon — Registration District No. 875

Township: Washington — Primary Registration District No. 6162

City: ~~Nevada~~ (No. ..... St. ..... Ward)

File No. .....

Registered No. 9

108

FEB 25 1932

2. FULL NAME Martha E. Cox

(a) Residence. No. 54 Hay St #3 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. 15 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)
F	W	married.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 6. 1864

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	67	10	25	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work 235
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Green Co
(STATE OR COUNTRY) Mo.

PARENTS

10. NAME OF FATHER David Everly

11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Dora Russel

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Tenne 2

14. INFORMANT Hay ward
(Address) Nevada Mo.

15. FILED 1-12 1932 E. R. King. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec 19 1931, to Jan 1 1932 that I last saw h. alive on Jan 1 1932, and that death occurred, on the date stated above, at 1:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pulmonary infarction
(right lung)

PRIMARY 70A ..... (duration) ..... yrs. ..... mos. ? ds.

CONTRIBUTORY (SECONDARY) Chronic endocarditis ..... (duration) ? yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED .....
IF NOT AT PLACE OF DEATH .....
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) F. L. Mottier, M. D.
, 19 (Address) Nevada 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 Springfield Mo — DATE OF BURIAL 1/1 1932

20. UNDERTAKER Ferry Funeral Home — ADDRESS Nevada Mo

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.