

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

Do not use this space.

9263

1. PLACE OF DEATH

65 County Mercer Registration District No. 5-5-3 File No. _____
 Township Mission Primary Registration District No. 4323- Registered No. 10
 City Mercer Mo (No. _____) St. _____ Ward _____

2. FULL NAME Bolesman O 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 15 1932

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

17. I HEREBY CERTIFY, That I attended deceased from Mar 10 1932, to Mar 15 1932, that I last saw her alive on Mar 13 1932, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1852

THE CAUSE OF DEATH* WAS AS FOLLOWS:

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
79 5 28

arteriosclerosis

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

91 (duration) yrs. mos. da.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

CONTRIBUTORY (SECONDARY) (duration) yrs. mos. da.

10. NAME OF FATHER John Cox

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH.

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

0 DID AN OPERATION PRECEDE DEATH. no DATE OF (D)

12. MAIDEN NAME OF MOTHER Fox

WAS THERE AN AUTOPSY? no

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

WHAT TEST CONFIRMED DIAGNOSIS. Exam
 (Signed) H. B. Baugh, M. D.

14. INFORMANT Ada Cox
 (Address) Mercer Mo.

3-16, 1932 (Address) Farmville Ia

*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.

15. FILED Mar 18 1932 Mary O Fisher REGISTRAR

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Middlepoint DATE OF BURIAL Mar 17 1932

20. UNDERTAKER Noel Moss ADDRESS Princeton

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

APR 28 1932

