

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.

MAY 23 1932

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

Do not use this space.

11519

1. PLACE OF DEATH *Barry*
 5 County *Barry* Registration District No. *30*
 3 Township *Monett* Primary Registration District No. *3003*
 4 City *Monett* St. _____ Ward _____
 2. FULL NAME *Johnnie Lora Cox*
 (a) Residence, No. *713 N. 10th* St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred *1* yrs. *1* mos. _____ ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX *F* 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 *6-22-1897*

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<i>54</i>	<i>9</i>	<i>25</i>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *235*

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) *Carroll, Ill.*

FATHER

13. NAME *Bolan Carter*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Illinois*

MOTHER

15. MAIDEN NAME *Anna Sue Davis*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Don't know Ill.*

17. INFORMANT (ADDRESS) *Mrs O. G. Scott Monett Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *CANTRELL, Ill.* DATE *4/20 32*

19. UNDERTAKER (ADDRESS) *H. J. Bradford Monett, Mo.*

20. FILED *4-19-1932* *W. M. West* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *4-17-1932* 19 *32*

22. I HEREBY CERTIFY, That I attended deceased from *April 12*, 19 *32*, to *April 17*, 19 *32*
 I last saw her alive on *April 15*, 19 *32* Death is said to have occurred on the date stated above, at *9 a.m.*
 The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation and Arterio Sclerosis
48 A 9 20 W
 Other contributory causes of importance: _____
 (1)

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____
 If so, specify _____
 (Signed) *W. D. Ferguson*, M. D.
 (Address) *Monett, Mo.*

