

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.

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

Do not use this space.

16286

1. PLACE OF DEATH

County JACKSON  
Township KAW  
City KANSAS CITY (No. 2951, PASEO)

Registration District No. 399  
Primary Registration District No. 1002

File No. 2059  
Registered No. 2059  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME J. FRANK COX

(a) Residence, No. 2951 PASEO St. 4 Ward \_\_\_\_\_

(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 MALE 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 MRS. ROSE ELIZABETH COX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST-10-1859

7. AGE YEARS 72 MONTHS 9 DAYS 12 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spliner, sawyer, bookkeeper, etc. WHOLESALE CLOTHIER

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

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) CLINTON 2 (STATE OR COUNTRY) ILLINOIS

MOTHER 13. NAME UNKNOWN

FATHER 14. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ 31 (STATE OR COUNTRY) UNKNOWN

MOTHER 15. MAIDEN NAME UNKNOWN

FATHER 16. BIRTHPLACE (CITY OR TOWN) \_\_\_\_\_ (STATE OR COUNTRY) UNKNOWN

17. INFORMANT MRS. ROSE ELIZABETH COX (ADDRESS) 2951 PASEO BLVD

18. BURIAL, CREMATION, OR REMOVAL PLACE MT. MORIAH DATE MAY-23 1932

19. UNDERTAKER D.W. N.E. McDMER'S SONS (ADDRESS) 211 EAST 9TH ST.

20. FILED May 23 1932 M.M. Brown Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY-22 1932

22. I HEREBY CERTIFY That I attended deceased from May 19 1932 to May 22 1932

I last saw him alive on May 27 1932. Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Mr Cox was in invalid 10 yrs  
Chronic Myocarditis  
9301  
1315B  
Chronic Capillitis  
Infected Prostate ①

8. Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Consultation 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? no  
If so, specify \_\_\_\_\_

(Signed) Dr. W. P. Dan Stover M. D.  
(Address) 634 25th Bldg-

634 Lee Bldg. (10<sup>th</sup> + Main)