

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

Do not use this space.

18912

1. PLACE OF DEATH

16 County Cape Girardeau Registration District No. 125
 1 Township " Primary Registration District No. 2009
 8 City " (No. 413 So. Hanover) St. " Ward "

File No. _____
 Registered No. 149
 St. _____ Ward _____

2. FULL NAME

Francis Lee Cox
 (a) Residence, No. Carnton Mo. 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. 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 Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1931
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
0 8 14
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
 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) Painton Mo.

MOTHER 13. NAME Frank Cox

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green leaf Mo.

15. MAIDEN NAME Dosha Litteral

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Advance Mo.

17. INFORMANT Frank Cox
 (ADDRESS) Painton Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Green leaf cem DATE June 23 1932

19. UNDERTAKER Walthus Funeral Home
 (ADDRESS) Cape Girardeau Mo.

20. FILED 6-22 1932 Wm. D. Sympher Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6 - 22 1932

22. I HEREBY CERTIFY, That I attended deceased from Jun 20 1932, to Jun 22 1932
 I last saw him alive on Jun 29 1932 Death is said to have occurred on the date stated above, at 4 A. m.
 The principal cause of death and related causes of importance were as follows:
Colitis Date of onset 6-18-32

Other contributory causes of importance: (D)
1123/19
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Ames 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? _____
 If so, specify _____
 (Signed) Wm. D. Sympher M. D.
 (Address) Cape Girardeau Mo.

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. JUL 22 1932

