

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

Do not use this space.

25022

1. PLACE OF DEATH

97 County Saline Registration District No. 798
Township Arrow Rock Primary Registration District No. 6035B
City Nelson (No. _____) St. _____ Ward _____

2. FULL NAME

John William 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. 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 Mr. Ruth G. Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
67 8 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage man
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 109
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) Cooper Co., Mo.

13. NAME Edward P. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisville, Ky.

15. MAIDEN NAME Mary Jane Hitch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cincinnati, Ohio

17. INFORMANT (ADDRESS) Mr. Ruth Cox Nelson, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Nelson, Mo. DATE July 28, 1932

19. UNDERTAKER (ADDRESS) Vandiver & Nelson Marshall, Mo.

20. FILED 7/28, 1932 Mrs. Hall Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26, 1932

22. I HEREBY CERTIFY That I attended deceased from May 18 to July 26, 1932

I last saw him/her alive on July 25, 1932. Death is said to have occurred on the date stated above, at 12:05 p. m.

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

Cancer - gastric Date of onset 1930
46B
17613
Other contributory causes of importance: _____
1

Name of operation None Date of _____
What test confirmed diagnosis? X-ray Were there an autopsy? No

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) William, M. D.
(Address) Marshall, 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.

AUG 27 1932

FEB 15 1954