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.

NOV 28 1932

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

Do not use this space.

33225

1. PLACE OF DEATH
County Platte — Registration District No. 693 — File No.
Township — Primary Registration District No. 4415 — Registered No.
City Edgerton (No. ... St. ... Ward)

2. FULL NAME John W. Cox
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-26-1859

7. AGE: YEARS 72 — MONTHS 10 — DAYS 28 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck raising
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. & Gardening
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) Morgan Co. Ky. 2

FATHER
13. NAME Harrison Cox 8
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Saloma Ann DeHaven
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Andrew Cox Edgerton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Zion Cem DATE Oct-25-1932

19. UNDERTAKER (ADDRESS) W. H. Rollins Edgerton Mo

20. FILED 11/10 1932 W. H. Rollins Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24, 1932

22. I HEREBY CERTIFY, That I attended deceased from ✓, 19✓, to ✓, 19✓
I last saw h✓ alive on ✓, 19... Death is said to have occurred on the date stated above, at ... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Hanging - Suicide	
165	
165	

Other contributory causes of importance:

5

Name of operation ... Date of ...
What test confirmed diagnosis? Note Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide 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) L. T. Rollins, Coroner M. D.
(Address) Platte City, Mo.