

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

Do not use this space.

40026

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Raw Primary Registration District No. _____
City Kansas City (No. Chicago & Alton P.R. yards) St. _____ Ward _____

File No. _____
Registered No. 5034

2. FULL NAME

Arthur E. Cox
(a) Residence, No. 2318 Jackson St., 121 Ward.

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. (If nonresident, give city or town and State)

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 Etta Muriel Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 9, 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 2 18

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. St. Paul Road 123

10. Date deceased last worked at this occupation (month and year) 12-28-32 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Naylor Mo.

13. NAME Louis F. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

15. MAIDEN NAME Jane Bell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

17. INFORMANT Mrs Etta Muriel Cox (ADDRESS) 2318 Jackson Ave

18. BURIAL, CREMATION, OR REMOVAL PLACE Linwood DATE 12-30 1932

19. UNDERTAKER Peter B. Laestina (ADDRESS) S. C. road

20. FILED 12/29 1932 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/28/32 1932

22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 1932
I last saw him alive on _____, 1932. Death is said to have occurred on the date stated above, at P m.

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

Traumatism by railroad accident.

Other contributory causes of importance: 207.9 207 M (K) (7)

Name of operation no Date of _____
What test confirmed diagnosis embolism 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 12/27/32
Where did injury occur? 12th and Grand St. N.E. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. Railroad service

Manner of injury Amputation
Nature of injury Amputation

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) Deputy Coroner, M. D.
(Address) _____

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.

