

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.

42192

1. PLACE OF DEATH

County..... Registration District No. 11501
Township..... Primary Registration District No. 20001
City St Louis (No. 4533 L'Abadie)

File No.
Registered No. 11320
St. Ward

2. FULL NAME William Cox

(a) Residence, No. 4533 L'Abadie St. 10 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Emma</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>7-17-1850</u>		
7. AGE YEARS <u>82</u>	MONTHS <u>5</u>	DAYS <u>3</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		
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) <u>Missouri</u>		
13. NAME <u>Joseph Cox</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>		
15. MAIDEN NAME <u>Mary Todd</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill. Louisiana</u>		
17. INFORMANT (ADDRESS) <u>Ella French 4533 L'Abadie</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>New Richens</u> DATE <u>12/22/32</u>		
19. UNDERTAKER (ADDRESS) <u>Johnson & Tilo 2707 N. Grand</u>		
20. FILED <u>DEC 20 1932</u> <u>W. C. Stander</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 20, 1932

2. I HEREBY CERTIFY, That I attended deceased from Nov 15th, 1932, to 12-20, 1932
I last saw him alive on Dec 20th, 1932. Death is said to have occurred on the date stated above, at 6:45 a.m.
The principal cause of death and related causes of importance were as follows:
Osteo sclerosis

97 97

Other contributory causes of importance:

Name of operation..... Date of.....
What test confirmed diagnosis?..... 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?
If so, specify.....
(Signed) Charles F. Nell, M. D.
(Address) 4546 L'Abadie

