

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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

Do not use this space.

1. PLACE OF DEATH
 11 County Buchanan Registration District No. 85
 5 Township Primary Registration District No. 1001 File No. 320
 9 City St. Joseph, (No. 1512 So. 22nd St.) Registered No. 74 Ward

2. FULL NAME Mary T. Cox
 (a) Residence, No. 1512 So. 22nd St. St. Ward.
 (Usual place of abode)
 Length of residence in city or town where death occurred 85 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 Female 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 James E. Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May, 31, 1847

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	85	7	16	

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

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 92 1/2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) White Cloud, Kansas

MOTHER FATHER
 13. NAME William T. Harris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Middletown, Ky.

MOTHER
 15. MAIDEN NAME Jane Garner Hayden
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester, Ky.

17. INFORMANT James E. Cox
 (ADDRESS) 2732 Felix St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Mora Cemetery DATE Jan. 17, 1933

19. UNDERTAKER Walter Meinhoff
 (ADDRESS) 1302 Faraon St. St. Joseph, Mo.

20. FILED JAN 17 1933 John R. Bender
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15, 1933 .19

22. I HEREBY CERTIFY, That I attended deceased from Dec 20, 1932 to Jan 15, 1933
 I last saw h. er alive on Jan 15, 1933 Death is said to have occurred on the date stated above, at 6.50 P.M.
 The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic
Pneumonia Hypostatica
 Date of onset unknown

Other contributory causes of importance:
Acute infectious hepatitis 3 wks
cause unknown

Name of operation none Date of
 What test confirmed diagnosis clinical judgment Was 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) W. T. Baker M. D.
 (Address) Phys. & Surg. Bldg. St. Joseph, 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.

8 23 1933

