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.

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

Do not use this space.
3311

1. PLACE OF DEATH

County ..... Registration District No. 78
Township ..... Primary Registration District No. NWS
City Saint Louis (No. People's Hospital St. ..... Ward)

File No. .....
Registered No. 205

2. FULL NAME Carl Cox

(a) Residence, No. 3726 Cook Avenue, St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Unknown 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*): Married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~: Angie Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 24, 1902

7. AGE: Years 30 | Months 1 | Days 11 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Janitor
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Unknown
10. Date deceased last worked at this occupation (month and year) Unknown
11. Total time (years) spent in this occupation Unk.

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Mississippi

FATHER
13. NAME Leroy Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

MOTHER
15. MAIDEN NAME Bertha Smith
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mississippi

17. INFORMANT Angie Cox (ADDRESS) 3726 Cook Avenue

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bolton, Miss. DATE Jan. 7th, 1933

19. UNDERTAKER Charles J. Gates (ADDRESS) 4107 Finney Avenue.

20. FILED JAN 10 1933, 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5th, 1933

22. I HEREBY CERTIFY, That I attended deceased from Dec 30th, 1932 to Jan 5th, 1933
I last saw him alive on Jan 5th, 1933. Death is said to have occurred on the date stated above, at 6 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	1-1-33
108	
108	
Other contributory causes of importance: Gastro-Enteritis	12-25-32

Name of operation none Date of .....
What test confirmed diagnosis? none 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) E. B. Bailey, M. D.
(Address) 2642 Franklin Ave