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.

4129

1. PLACE OF DEATH

County ..... Registration District No. 701 File No. 1099

Township ..... Primary Registration District No. ..... Registered No. 1099

City St. Louis, (No. 4388 Maryland av., ..... St. ..... Ward)

2. FULL NAME George Cox,

(a) Residence, No. ..... St., 19 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): Widower,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 1851-1-15

7. AGE: YEARS 82 | MONTHS - | DAYS 14 | If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Wholesale candy

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): England,

FATHER

13. NAME: John B. Cox,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England,

MOTHER

15. MAIDEN NAME: Unknown Skevington,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England.

17. INFORMANT (ADDRESS): Mrs. Frank M. Floyd, Coronado Hotel.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 1/31/33 19

19. UNDERTAKER (ADDRESS): Robert Flemington Inc. Clayton Road at Concordia Lane

20. FILED JAN 31 1933 19 Max C. Parker Jr. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Jan. 29, 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12, 1932, to January 29th, 1933

I last saw him alive on January 28th, 1933 Death is said to have occurred on the date stated above, at 5 30 m.

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

| | Date of onset |
|---|---|
| Hypertrophy of Prostate | 1930(?) |
| 136 | |
| 137 | |
| 135C | |

Other contributory causes of importance:
Urinary retention
Uremia
Chr. myocarditis

Name of operation none Date of .....

What test confirmed diagnosis? Cystoscopy 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) Rogers Deakin, M. D.

(Address) 3701 Westminster plc.