

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

Do not use this space.

12659

1. PLACE OF DEATH

County Chariton
Township Brunswick
City Brunswick (No.)

Registration District No. 169
Primary Registration District No. 5235

File No.
Registered No. 28
St. Ward)

2. FULL NAME ELLA V. COX

(a) Residence, No. St. 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 Female **4. COLOR OR RACE** White **5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)** Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. L. Cox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb-9-1868
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
65 2 12

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

MOTHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.
13. NAME Wm Lewis
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chariton Co. Mo.

15. MAIDEN NAME Mary F. Crew
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT (ADDRESS) Edward Cox Brunswick Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE DATE Brunswick April 22 1933

19. UNDERTAKER (ADDRESS) W. Weisheit Brunswick Mo

20. FILED 4/22 1933 Harry E. Patern Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 21 1933
22. I HEREBY CERTIFY That I attended deceased from March 1 - 1933 to Apr 21 1933
I last saw her alive on April 16 1933 Death is said to have occurred on the date stated above, at 7 A. m.
The principal cause of death and related causes of importance were as follows:

Diabetes Mellitus 10 yrs ago
Extensive burns on both fore arms due to fall on stove 6 wks ago
Other contributory causes of importance:
None
Name of operation None Date of
What test confirmed diagnosis clinical 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?
If so, specify None
(Signed) Harry E. Patern, M. D.
(Address) Brunswick 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.

MAY 22 1933

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