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

Do not use this space.

13462

1. PLACE OF DEATH

County Jackson — Registration District No. 339 — File No.

Township Kaw — Primary Registration District No. 1007 — Registered No. 1798

City Kansas City (No. K. C. General Hosp. St. ..... Ward)

2. FULL NAME Cox, Ely

(a) Residence, No. 521 N. Prospect St. Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 17 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: Martha Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 9 1874

7. AGE: YEARS 58 — MONTHS 11 — 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.
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): Tenn — 2

FATHER

13. NAME: Henry Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Virginia — 2

MOTHER

15. MAIDEN NAME: Eliz Branan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tennessee — 2

17. INFORMANT (ADDRESS): Record Clerk K. C. Gen. Hosp. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parkville Mo DATE Apr. 24 1933

19. UNDERTAKER (ADDRESS): Leland H. Francis Parkville Mo

20. FILED 4 24 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

3

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-23, 1933

22. I HEREBY CERTIFY, That I attended deceased from 4-20, 1933, to 4-23, 1933

I last saw him alive on 4-23, 1933 Death is said to have occurred on the date stated above, at 9:20 p.m.

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

	Date of onset
34	
Syphilitic myocarditis	
93D	
75D	

Other contributory causes of importance:

Cardiac decompensation

Name of operation ..... Date of .....

What test confirmed diagnosis? Was ..... 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 .....

(Signed) P. F. De Maria, M. D.

(Address) Ass't Sup. K. C. Gen Hosp.

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

MARGIN RESERVED FOR BINDING

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.