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.

18407

1. PLACE OF DEATH

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1008

City St Louis (No. ISOLATION HOSPITAL St. ..... Ward)

File No. ..... Registered No. 4662

2. FULL NAME Anna Cox

(a) Residence, No. 4815a Natural Bridge Ward. 7 (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 40 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*): married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 1, 1865

7. AGE: YEARS 67 | MONTHS 5 | DAYS 25 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housework
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Home
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): Iowa

FATHER

13. NAME: T. E. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Cordena Tubs
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Leona Burns ISOLATION HOSPITAL

18. BURIAL, CREMATION, OR REMOVAL
PLACE Valhalla DATE 5-29, 1933

19. UNDERTAKER (ADDRESS): Provost Und. Co. 3710 N. Grand Blvd

20. FILED ..... J. F. Bredeck, Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 26, 1933

22. I HEREBY CERTIFY, That I attended deceased from May 25, 1933 to May 26, 1933

I last saw her alive on May 26, 1933 Death is said to have occurred on the date stated above, at 11:50 a.m.

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

	Date of onset
Pneumococcus Meningitis	5-24
Lobar pneumonia, Rt	5-25
108	

Other contributory causes of importance:

Otitis media, Rt	5-24

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 in injury in any way related to occupation of deceased? .....
If so, specify .....

(Signed) John Eckenbrenner M. D.
(Address) ISOLATION HOSPITAL