

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

Do not use this space.

31232

1. PLACE OF DEATH

County..... Registration District No. **791**
Township..... Primary Registration District No. **791**
City **St. Louis**, (No. **City Hospital #1**)

File No.....
Registered No. **7930**
St. Ward)

2. FULL NAME

James T. Cox
(a) Residence, No. **211 Barry** St., **23** 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 Male	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 Floretta Cox		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1906		
7. AGE YEARS 26	MONTHS 9	DAYS 14
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None		If LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 12		11. Total time (years) spent in this occupation.....
10. Date deceased last worked at this occupation (month and year).....		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chicago, Ill.		
13. NAME Edw. Cox		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
15. MAIDEN NAME Mary Brennan		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland		
17. INFORMANT Floretta Cox (ADDRESS) 211 Barry St		
18. BURIAL, CREMATION, OR REMOVAL PLACE Galvary Cem DATE Sent. 13, 1933		
19. UNDERTAKER Southern (ADDRESS) 6322 Grand Blvd		
20. FILED J. Brebeck Registrar.		

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sent. 10, 1933**

22. **I** HEREBY CERTIFY, That I attended deceased from **Sept 10**, 19....., to....., 19.....

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at **9:30 A.M.**

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

General Peritonitis, Bunches of worms in Abdomen, in the Lungs, etc.

Other contributory causes of importance: **Hemiplegia**

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

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? **Homicide** Date of injury **Sept 10, 1933**
Where did injury occur? **St. Louis, Mo**
(Specify city of town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. **Public Place**

Manner of injury **Shot by persons unknown**
Nature of injury **Gunshot Wounds Abdomen**

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify **John J. Sweeney, M.D.**
(Signed) **John J. Sweeney**
(Address) **Deputy Coroner**

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.

OCT 23 1933

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