

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

Do not use this space.

AM 26 1934

1. PLACE OF DEATH

7 County Bates
Township Pleasant Gap
City (No.) (No.) St. Ward)

Registration District No. 58
Primary Registration District No. 5092

File No. 39109
Registered No. 10

2. FULL NAME

(a) Residence, No. St. Ward.
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (with previous spouse) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 24 - 1845

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
88 2 29

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

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) Ohio

13. NAME Jacob Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

15. MAIDEN NAME Cynthia Ann

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) don't know

17. INFORMANT Essie Wray (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton Home DATE Dec 24 1933

19. UNDERTAKER Culver (ADDRESS) Butler, Mo.

20. FILED Dec 24 1933 Miss. C. E. Culver, Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1933 Dec 22

22. I HEREBY CERTIFY, That I attended deceased from 1030 to Dec 22, 1933

I last saw him alive on Dec 17, 1933 Death is said

to have occurred on the date stated above, at 11A m.

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

Myocarditis Date of onset

930
13211
9301

Other contributory causes of importance:

Uremia

Name of operation None Date of

What test confirmed diagnosis? Exam 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 old age

(Signed) C. M. Rice, M. D.

(Address) Butler, Mo.

Every 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.

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