

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

Do not use this space.

889

File No. 785-

Registered No. _____ St. _____ Ward _____

JAN 26 1934
6

PLACE OF DEATH

County Harrison
Township _____
City Bethany (No. _____)

Registration District No. 334
Primary Registration District No. 4197

2. FULL NAME Frances Maud 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. 5 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Herman Cox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June - 17 - 1887</u>		
7. AGE	YEARS <u>46</u>	MONTHS <u>06</u>
	DAYS <u>22</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Home</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Home work</u>	
	10. Date deceased last worked at this occupation (month and year) <u>Jan. 1933</u>	
MOTHER	11. Total time (years) spent in this occupation <u>Life</u>	
	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jameson Missouri</u>	
	13. NAME <u>Robert Hannah</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u>	
FATHER	15. MAIDEN NAME <u>Marial Baker</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Davis Co. Missouri</u>	
17. INFORMANT (ADDRESS) <u>Marion Hurley Bethany Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Cedar Orchard Co. DATE 1 - 11 - 1934</u>		
19. UNDERTAKER (ADDRESS) <u>H. A. Hope St. Louis Mo.</u>		
20. FILED <u>1/16</u> 19 <u>34</u> <u>M. J. Harned</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 9, 1934

22. I HEREBY CERTIFY That I attended deceased from Dec 30 1933 to Jan 9 1934
I last saw her alive on Jan 9 1934. Death is said to have occurred on the date stated above, at 7:30 a. m.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____
23A
23
Other contributory causes of importance _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) M. J. Harned M. D.
(Address) Bethany 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.

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