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.

7 1934

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

Do not use this space.

2611

ISOLATION HOSPITAL

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 227

City St Louis Mo (No. ..... St. ..... Ward)

2. FULL NAME Georgia Ann Cox

(a) Residence, No. 215 Oakwood St., N. R. Ward. (If nonresident, give city or town and State)
(Usual place of abode) Webster Groves

Length of residence in city or town where death occurred Life Webster 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):

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 2, 1932

7. AGE: YEARS 1 MONTHS 11 DAYS 3 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) Webster Groves

FATHER
13. NAME Ray Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Okla.

MOTHER
15. MAIDEN NAME Stella Ruch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT (ADDRESS) Grace Barry 5600 Angenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE Oak Hill DATE Jan 6, 1934

19. UNDERTAKER (ADDRESS) Parker Lund Co Webster Groves

20. FILED JAN 6 1934, 19 J F Bredick Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 5, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 4, 1934 to Jan 5, 1934
I last saw her alive on Jan 5, 1934 Death is said to have occurred on the date stated above, at 6:40 A.m.
The principal cause of death and related causes of importance were as follows:

Scarlet Fever — Date of onset 12-28

Other contributory causes of importance: Cervical Adenitis, adenitis Bilateral

Name of operation None Date of No
What test confirmed diagnosis? ..... Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No 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) John E. Chenbrennen M. D.
(Address) ISOLATION HOSPITAL