MAR 24 1934

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

Do not use this space.

File No. 5853

Registered No.

1. PLACE OF DEATH
County New Madrid
Township Crow
City Parma (No. ..... St. ..... Ward)

Registration District No. 605
Primary Registration District No. 5804

2. FULL NAME Mrs. Anna Mary 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. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F

4. COLOR OR RACE W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 12, 1866

7. AGE

Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
68	0	10	

OCCUPATION

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

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) Logan Ill

FATHER

13. NAME Cyrus Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER

15. MAIDEN NAME Miranda Wilmuth

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

17. INFORMANT Harold Norman
(ADDRESS) Parma Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Dexter DATE Feb 23, 1934

19. UNDERTAKER Ben Strickland
(ADDRESS) Dexter Mo

20. FILED Feb 22, 1934 Dr. Geo W Hunter
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1, 1933, to Feb 22, 1934

I last saw her alive on Feb 21, 1934. Death is said to have occurred on the date stated above, at 3:45 p.m.

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

	Date of onset
Myocarditis	
CVD	

Other contributory causes of importance

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

(Signed) Geo W Hunter, M. D.
(Address) Parma, 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.