MAY 25 1934

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

Do not use this space.

13872

File No. 32872

Registered No.

1. PLACE OF DEATH

County: Platte — Registration District No.: 693

Township: — Primary Registration District No.: 4415

City: Edgerton (No. ..... St. ..... Ward)

2. FULL NAME: Andrew Jackson Cox

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Nov 3 - 1881

7. AGE: YEARS 52 | MONTHS 4 | DAYS 29 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: (Bootlegger)

10. Date deceased last worked at this occupation (month and year): .....

11. Total time (years) spent in this occupation: 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Platte Co Mo

FATHER

13. NAME: John H. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Morgan Co. Ky

MOTHER

15. MAIDEN NAME: Angeline Banks

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ky

17. INFORMANT (ADDRESS): Mrs Andrew Cox, Edgerton, Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Mt Zion Cem DATE: April 4 - 1934

19. UNDERTAKER (ADDRESS): M. H. Rollins, Edgerton Mo

20. FILED: 5-10 1934 — M. H. Rollins, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 2nd 1934

22. I HEREBY CERTIFY, That I attended deceased from Never, 19..., to Never, 19...

I last saw him alive on March 28, 1934. Death is said to have occurred on the date stated above, at 6 a.m.

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

	Date of onset
Acute Cardiac Failure	4/2/34
Alcoholism	2 years

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? No

If so, specify .....

(Signed) L. L. Dunham M.D.

(Address) Platteson, Mo. Carried to Bennett

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.