

MAY 25 1934

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

Do not use this space.

15441

1. PLACE OF DEATH  
County Stoddard Registration District No. 837 ✓  
Township Easton Primary Registration District No. 6099  
City \_\_\_\_\_ (N) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Millie Caroline Cox  
(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 Female  
4. COLOR OR RACE White  
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married  
5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife) (OR) WIFE OF A. Cox  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 9, 1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
78 4 1  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework  
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) Stoddard Co. Mo.

FATHER 13. NAME C. Walker

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Stoddard Co. Mo.

MOTHER 15. MAIDEN NAME Jane Ray

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

17. INFORMANT (ADDRESS) Beat Henderson  
Blountfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Pauline DATE April 11, 1934

19. UNDERTAKER (ADDRESS) Paul Henderson  
Blountfield, Mo.

20. FILED May 10, 1934  
H. de W. Ford  
Registrar

V MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from March 28, 1934 to April 10, 1934  
I last saw her alive on April 9, 1934. Death is said to have occurred on the date stated above, at 2:30 P.M.  
The principal cause of death and related causes of importance were as follows:

hypertension - lower  
lip & face  
Other contributory causes of importance:  
P. Pneumonia

Date of onset  
10-11-33  
15-3-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
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? \_\_\_\_\_ 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) John W. Wilson, M. D.  
(Address) Blountfield, Mo.

ON PAGE

[The main body of the document contains extremely faint and illegible text, likely a form or a list of entries. The text is too light to transcribe accurately.]

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

ALL INFORMATION CALLED  
FOR MUST BE WRITTEN ON  
THIS SUPPLEMENTARY.

15441

1. PLACE OF DEATH  
County Stoddard Registration District No. 837  
Township Caster Primary Registration District No. 6099  
City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

2. FULL NAME Mellie Carolina 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX <u>F</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>m</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS	MONTHS
		DAYS
		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)		
MOTHER	13. NAME	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	15. MAIDEN NAME	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL		
PLACE	DATE	19
19. UNDERTAKER (ADDRESS)		
20. FILED <u>May 10 34 Eau Ford</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_ m.

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

Date of onset 10 7 34

Other contributory causes of importance:  
Hypertension, Broncho-pneumonia

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) John W. Wilson M. D.  
(Address) Blountville, Mo.

**SUPPLEMENTARY**

CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact str. ment b. REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

6-15441