

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

JUL 13 1934

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

Do not use this space.

File No. 21176
Registered No. 13

1. PLACE OF DEATH
 County Merion Registration District No. 553
 Township Merion Primary Registration District No. 4320
 City Merced (No. _____) St. _____ Ward _____

2. FULL NAME W. A. 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 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~~) Mary C. Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1849

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
85 4 29

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

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) Madison Co. Kentucky

13. NAME Ike Cox

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

15. MAIDEN NAME Campbell

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

17. INFORMANT Mrs W. A. Cox (ADDRESS) Merion Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlepoint DATE June 4 1934

19. UNDERTAKER Roll Moss (ADDRESS) Princeton Mo

20. FILED 6/2 1934 Mrs. Obie Davenport Registrar.

MEDICAL CERTIFICATE OF DEATH

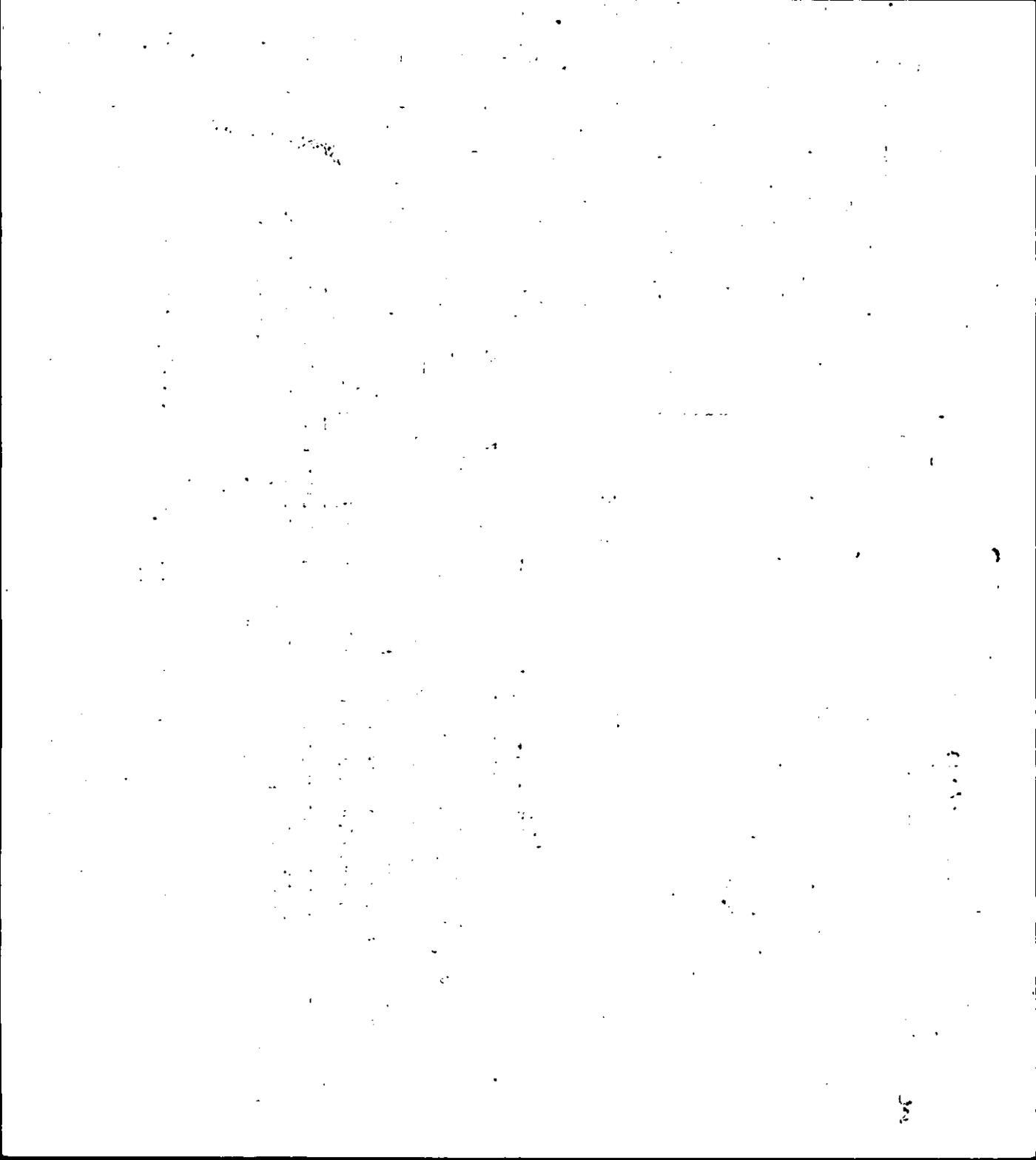
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 1 1934

22. I HEREBY CERTIFY, That I attended deceased from June 1 1934, to June 1 1934.
 I last saw him alive on June 1 1934. Death is said to have occurred on the date stated above, at 9 p.m.
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
arterio-sclerosis
Nephritis
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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) E. T. Swan D.O. M.-D.
 (Address) Merion Mo



#2 Mercer

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

E. T. McGaugh, M. D.,
Special Agent,
Jefferson City, Mo.

WASHINGTON

13

Dear Sir:

It is essential that death certificates be complete in every particular in order that proper classification may be made. You are therefore requested to make every effort to obtain the following information, indicated by check marks, lacking from the death certificate.

Name: W. A. Cox

Who died at _____ on _____

Residence: No. _____ St. _____
(If nonresident, city or town)

Length of residence in city or town where death occurred: Years _____ Months _____ Days _____

Sex M Color or race W ~~Single, married, widowed or divorced:~~ _____

Date of birth _____ Age: Years 85 Months 4 Days 29

Occupation: (a) Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. (b) Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Date deceased last worked at this occupation: Month _____ Year _____

Birthplace (State or country) _____

Birthplace of father (State or country) _____

Birthplace of mother (State or country) _____

Principal cause of death: Cerebral hemorrhage - Arterio-sclerosis
nephritis - Chronic

Other contributory causes of importance _____

Name of operation _____ Date of 1/31

What test confirmed diagnosis? _____ Was there an autopsy? _____

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 _____

Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

Name of physician _____

Address of physician _____

Signature of Registrar Mrs. Obie Davenport Mercer, Mo.

This information is sought for statistical purposes only and in order that the official report may be complete and correct. Please reply promptly using the enclosed official envelope which requires no postage.

Very truly yours,

Reg. Dist. No. 553

Primary Reg. Dist. No. 4325

E. T. McGaugh, M.D.
Special Agent.

S-21176