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.

AUG 16 1934

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

Do not use this space.

1. PLACE OF DEATH
County Benton
Township Williams
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 59
Primary Registration District No. 5094

File No. 23156
Registered No. 16

2. FULL NAME Albert Orlando 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 OF Mrs Emma Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12-9-1880

7. AGE 53 YEARS 6 MONTHS 10 DAYS If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rail Road
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) Independence Ind

FATHER
13. NAME Joel Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT Joel Richard Cox
(ADDRESS) Tyro, Kansas

18. BURIAL, CREMATION, OR REMOVAL
PLACE Union Curch DATE 7-12-1934, 19

19. UNDERTAKER E L Eickhoff
(ADDRESS) Cole Camp Mo

20. FILED July 31, 1934 Harry Bay Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-10-1934 19

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1934 to 7-10-, 1934
I last saw ~~him~~ alive on 7-10-, 1934. Death is said to have occurred on the date stated above, at 5:00 AM m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer of Liver	
4 yr	

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? No
If so, specify .....
(Signed) D. L. Reser, M. D.
(Address) Cole Camp Mo