

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

Do not use this space.

2411

FEB 9 7 1935

1. PLACE OF DEATH

County Pettis
Township Smithton
City Smithton (No. _____)

Registration District No. 669
Primary Registration District No. 5892

File No. _____
Registered No. 1

2. FULL NAME

Claude E. 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 1 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 13 - 1916</u>		
7. AGE	YEARS <u>18</u>	MONTHS <u>6</u>
	DAYS <u>5</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home with parents</u>	
	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) <u>Hughesville, Pettis Co., MO</u>		
MOTHER	13. NAME <u>O. A. Cox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co, MO</u>	
	15. MAIDEN NAME <u>Jessie Norman</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Morgan Co., MO</u>	
17. INFORMANT (ADDRESS) <u>O. A. Cox, Smithton, MO</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>at home</u> DATE <u>Jan 20 1935</u>		
19. UNDERTAKER (ADDRESS) <u>H. F. Newberry, Smithton, MO</u>		
20. FILED <u>Jan 20 1935</u> <u>Mrs. J. L. Mouser</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JANUARY 18, 1935

22. I HEREBY CERTIFY, That I attended deceased from JANUARY 12, 1935, to JANUARY 18, 1935
I last saw him alive on JANUARY 18, 1935. Death is said to have occurred on the date stated above, at 1:30 p.m.
The principal cause of death and related causes of importance were as follows:
BILATERAL LOBAR PNEUMONIA
Date of onset _____

Other contributory causes of importance:
100

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) C. Gordon Stanflacker, M. D.
(Address) 5th & Eugene, Selah, 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.

