

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.

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

Do not use this space.

MAR 28 1935

6406

1. PLACE OF DEATH

County Chesler
Township Spry Creek
City Edgar (No. _____)

Registration District No. 680
Primary Registration District No. 5908

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William Thomas Cox
(a) Residence, No. Edgar 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 <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Adeline Cox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 18-1852</u>		
7. AGE	YEARS <u>82</u>	MONTHS <u>2</u>
	DAYS <u>4</u>	IF LESS than 1 day, hrs. or min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	11. Total time (years) spent in this occupation.
	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)	

12. BIRTHPLACE (CITY OR TOWN) Edgar (STATE OR COUNTRY) Mo

13. NAME Joe Cox

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

15. MAIDEN NAME Baker

16. BIRTHPLACE (CITY OR TOWN) Don't know (STATE OR COUNTRY)

17. INFORMANT W. G. Duncan (ADDRESS) Edgar

18. BURIAL, CREMATION, OR REMOVAL PLACE Edgar DATE Feb 25- 1935

19. UNDERTAKER Nice & Son (ADDRESS) Rolla, Mo.

20. FILED Mar. 9 1935 Alpha Coffey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb 20 1935 to Feb 22 1935. I last saw him alive on Feb 21 1935. Death is said to have occurred on the date stated above, at 77 m.

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

Angina Pectoris

Date of onset

131

Other contributory causes of importance:

Nephritis

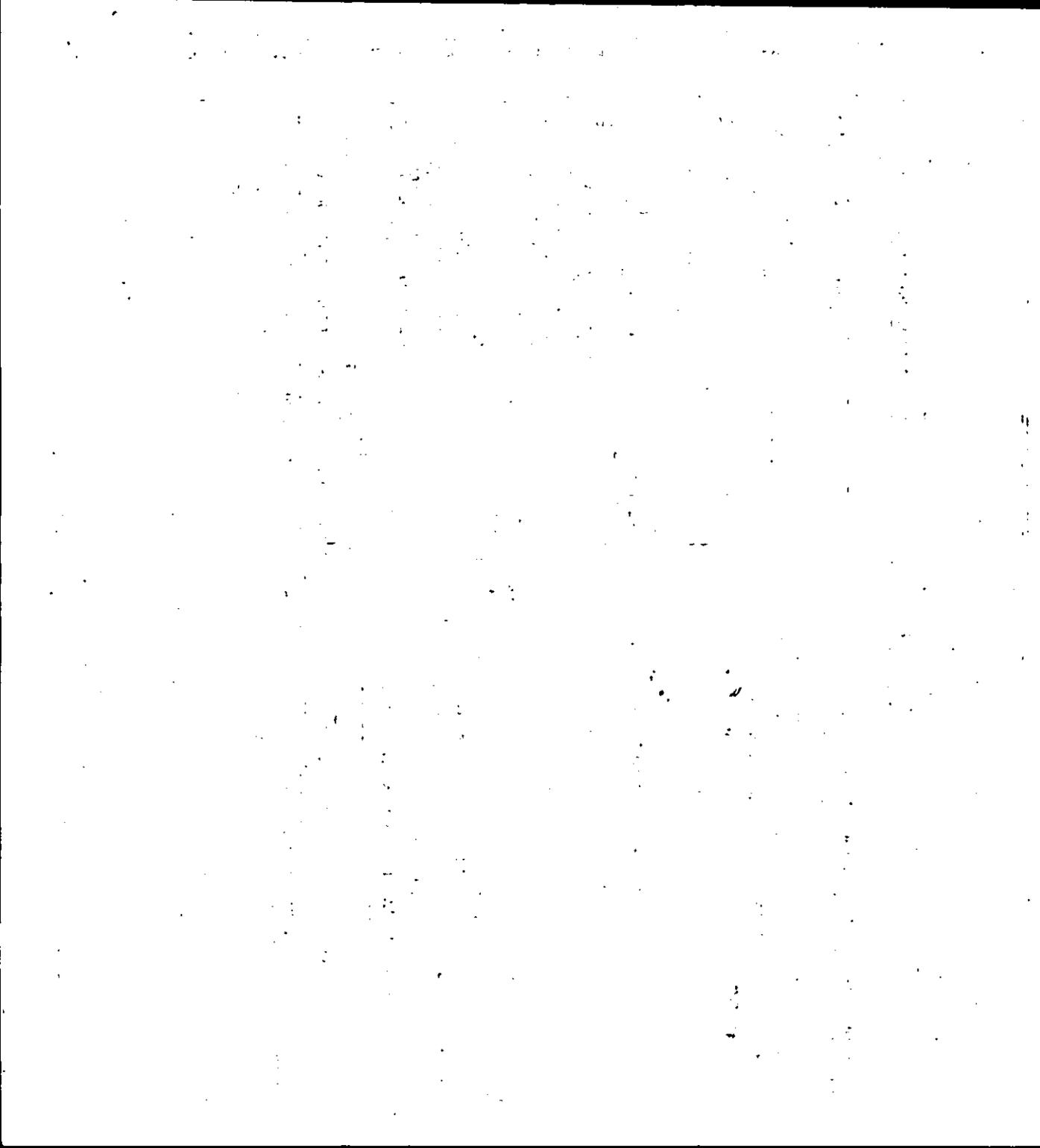
Name of operation none Date of _____
What test confirmed diagnosis? Chol. 5.5 Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no 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? yes
If so, specify _____

(Signed) Leslie Randall M. D.
(Address) Leaking, Ky



JUN 3 1935

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Phelps
Township.....
City..... (No.....)

Registration District No. 680
Primary Registration District No.....

File No.....
Registered No.....
St..... Ward.....

2. FULL NAME

William Thomas 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

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.
82 2 4

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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED Mar. 9 1935 Alpha Capps Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 22, 1935

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 date stated above, at.....m.

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

Engina Pectoris Date of onset

Other contributory causes of importance: 13!
nephritis (Chronic)

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)....., M. D.
(Address).....

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
CAUSE OF DEATH IN plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. OCCUPATION should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state EXACTLY. PHYSICIANS should state EXACTLY.

APR 29 1935

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