

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

Do not use this space.

**JAN 16 1936**

35925-<sup>25</sup> 25

**1. PLACE OF DEATH**

County Iron  
Township Union  
City Annapolis (No. ....)

Registration District No. 390  
Primary Registration District No. 5545

File No. ....  
Registered No. 19  
St. .... Ward)

**2. FULL NAME**

(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 40 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) X 19 X

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF William Randolph Cox

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 23, 1845

I last saw h. .... alive on ..... 19..... Death is said to have occurred on the date stated above, at ..... m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
90 14

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

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 .....

As per history given that in was causing petechial about 1/2 hour after attack. Had no other contributory causes of importance!

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne County Piedmont, Mo.

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... Was there an autopsy? .....

13. NAME Thomas Warmack

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Piedmont, Mo.

15. MAIDEN NAME Matilda Parker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wayne Co. Piedmont, Mo.

17. INFORMANT (ADDRESS) Jeff Scaggs

18. BURIAL, CREMATION, OR REMOVAL CO. Brushy Creek Iron Co. PLACE Brushy Creek Iron Co. DATE Dec. 8, 1935

19. UNDERTAKER (ADDRESS) Jeff Scaggs

20. FILED F-10 36 D.S. Hunter Registrar.

23. If death was due to external cause (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) es. James M. D. (Address) Piedmont, 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.

WHILE EMPLOYED WITH CHANGING EMPLOYERS THIS IS A PERMANENT RECORD



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**1. PLACE OF DEATH**

County..... Iron  
Township..... Union  
City..... (No. ...., St. ...., Ward)

Registration District No. .... 390  
Primary Registration District No. .... 5545-

File No. ....  
Registered No. .... 19

**2. FULL NAME**

(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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (initial the word)

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 27 1935

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OF OR WIFE OF)

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

DATE OF BIRTH (MONTH, DAY, AND YEAR)

I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at.....m.

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .....hrs. or .....min.
	<u>90</u>	<u>0</u>	<u>14</u>	

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

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.....

Other contributory causes of importance:  
  
Name of operation..... Date of.....  
What test confirmed diagnosis?..... Was there an autopsy?.....

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

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.

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 1-10-35 R. C. Gentry Registrar

24. Was disease or injury in any way related to occupation of deceased? If so, specify..... (Signed)....., M. D. (Address).....

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.

**SUBSTITUTED**

11 27 - 1935  
11 23 - 1845  
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9.0

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