

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.

39965

JAN 16 1936

1. PLACE OF DEATH

County Jasper Registration District No. 411  
 Township Jasper Primary Registration District No. 2002  
 City Jasper (No. 1714 W. C.) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 1714 W. C. 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) Widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30 - 1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
50 8 16

OCCUPATION  
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborman  
 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) unknown

MOTHER FATHER  
 13. NAME Frances M. Cox

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

15. MAIDEN NAME Anna Elliott

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

17. INFORMANT Mrs. Ida Cyber  
 (ADDRESS) 1714 W. C.

18. BURIAL, CREMATION, OR REMOVAL Interred  
12-17-35

19. UNDERTAKERS (ADDRESS) Interred

20. FILED 12-16-35 Ed D. James  
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-15-35

22. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1935, to Dec 15, 1935.  
 I last saw alive on Dec 15, 1935 Death is said to have occurred on the date stated above, at 49 m.  
 The principal cause of death and related causes of importance were as follows:  
cerebral hemorrhage Date of onset \_\_\_\_\_

Other contributory causes of importance:  
None

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? accident Date of injury 12-14-35  
 Where did injury occur? Jasper, Mo.  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place  
pedestrian  
 Manner of injury pedestrian  
 Nature of injury falling over

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

