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

Do not use this space.

787

FEB 18 1936

1. PLACE OF DEATH
County DOUGLAS Registration District No. 1075
Township LINCOLN Primary Registration District No. 5381
City (No. , St. Ward)
File No.
Registered No.

2. FULL NAME JUKE ~~ED~~ ALVA MANUEL 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 38 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
MALE	White	MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) ~~WIFE OF~~ Mrs Dora Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MAY 24 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	82	7	10	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER
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) North CAROLINA

FATHER
13. NAME WILLIAM COX
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) KENTUCKY

MOTHER
15. MAIDEN NAME ELIZABETH GOSS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) North CAROLINA

17. INFORMANT Mrs ANNA CAUGHMAN (ADDRESS) SEYMOUR Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE SEYMOUR MASONIC DATE JAN 5 1936

19. UNDERTAKER KELLEY-FEIZELL (ADDRESS) SEYMOUR Mo.

20. FILED Feb 10 1936 J. D. Qil Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) JAN. 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1936, to Jan 3, 1936
I last saw h... alive on Jan 2, 1936. Death is said to have occurred on the date stated above, at 5:10 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage,	3 Jan 1
Other contributory causes of importance:	
Influenza	1 Jan 1

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) J. A. Fuson, M. D.
(Address) Seymour 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD