APR 15 1936

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

Do not use this space.

9096

1. PLACE OF DEATH

County Andrew — Registration District No. 13 — File No.

Township Jefferson, — Primary Registration District No. 5017 — Registered No.

City (No. Avenue City, Mo. St. Ward)

2. FULL NAME Hattie A. Cox,

(a) Residence, No. Avenue City, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 48 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)
Female	White	Single,

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 16, 1853

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	83	1	24	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

10. Date deceased last worked at this occupation (month and year) March 1936, — 11. Total time (years) spent in this occupation 62

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

FATHER

13. NAME William Cox,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

MOTHER

15. MAIDEN NAME Katherine Parker,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

17. INFORMANT (ADDRESS) C. M. Cox R.F.D.# 3, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE High Prairie Cem DATE March 12, 1936

19. UNDERTAKER (ADDRESS) Heaton - BeGole & Bowman St. Joseph, Mo. Funeral Home

20. FILED 3-12 1936 Mrs A R King Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10th, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 1st, 1936, to March 10th, 1936

I last saw her alive on March 9th, 1936. Death is said to have occurred on the date stated above, at 6:45 p.m.

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

	Date of onset
Carcinoma of left breast	1930
50	
Other contributory causes of importance:	
Cardio Vascular Renal Disease	1921

Name of operation Date of

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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) L. E. Rockhold JWK, M. D.

(Address) Union Star, 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.