

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

Do not use this space.

9682

APR 16 1936

1. PLACE OF DEATH  
County Cass Registration District No. 156  
Township Leucian Primary Registration District No. 3220  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME John Harland 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 30 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <input checked="" type="checkbox"/>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 3<sup>rd</sup> 1858</u>				
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>	DAYS <u>16</u>	IF LESS than 1 day, ..... hrs. or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired Farmer</u>			
	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 _____	
FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	13. NAME <u>Archibald Cox</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	15. MAIDEN NAME <u>Facy F. Watts</u>			
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
	17. INFORMANT <u>Bud Cox</u> (ADDRESS) <u>Harrisonville Mo</u>			
18. BURIAL, CREMATION, OR REMOVAL - PLACE <u>Clayton Cemetery</u> DATE <u>3/21 1936</u>				
19. UNDERTAKER <u>Reuben Cooper</u> (ADDRESS) <u>Harrisonville Mo</u>				
20. FILED <u>Mar 30 1936</u> <u>E. M. Griffith</u> Registrar				

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 19, 1936

22. I HEREBY CERTIFY That I attended deceased from March 17, 1936 to March 19, 1936  
I last saw him alive on March 19, 1936. Death is said to have occurred on the date stated above, at 7:50 m.  
The principal cause of death and related causes of importance were as follows:  
Cerebral Apoplexy Date of onset \_\_\_\_\_

Other contributory causes of importance:  
OSW

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) E. M. Griffith M. D.  
(Address) Harrisonville Mo

