

JUN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Washington Registration District No. 404  
Township Paris Primary Registration District No. 5558  
City Paris City (No. 2001, E-8155 Terrace) (Ward)

File No. 19752  
Registered No. 57

2. FULL NAME

Mrs Mahala Cox  
(a) Residence, No. 2001 E-8155 Terrace Ward.

(Usual place of abode) (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widow

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-12-1856

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
79 7 19

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

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) Ray Co. Missouri

13. NAME Samuel P Teagarden

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) north Carolina

15. MAIDEN NAME Sarah Jane Glenn

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Amanda P. Worell (ADDRESS) M. P. R. 24

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE June-3-1936

19. UNDERTAKER Henry W. Smith Sons (ADDRESS) Paris City - Mo

20. FILED June 2 1936 Fred R. Linder Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-31-1936

22. I HEREBY CERTIFY, That I attended deceased from Oct 28, 1935, to May 31, 1936

I last saw her alive on May 30, 1936 Death is said to have occurred on the date stated above at 12 P.M.

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

Chronic nephritis  
myocardial degeneration

Date of onset

Other contributory causes of importance: 181

Name of operation..... Date of..... no

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) Genl Jones..... M. D.

(Address) 802 St. Paris

MARGIN RESERVED FOR BINDING  
WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

S. No. 2  
100M-1-26-35  
X7044

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.

Mr. Meott Jones  
Bot. n + passio  
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