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

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.

JUL 25 1936

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

Do not use this space.

20234

File No. .....

Registered No. 4

1. PLACE OF DEATH

County Perry Registration District No. 662

Township Salem Primary Registration District No. 5880

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

2. FULL NAME Ural Wright 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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): ~~Married~~ Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Rosia Cox, Dec'd

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 13-1847

7. AGE: Years 89 | Months 0 | Days 24 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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) Perry Co Mo

FATHER

13. NAME William L. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

MOTHER

15. MAIDEN NAME Charlotte Farrar

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry Co Mo

17. INFORMANT (ADDRESS) Elmer Cox Perryville Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Cem Perryville Mo DATE May 10, 1936

19. UNDERTAKER (ADDRESS) Young & Fendrick Perryville Mo

20. FILED 5-19-, 1936 J. F. De Lassus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 8, 1936

22. I HEREBY CERTIFY, That I attended deceased from Apr. 27, 1936 to May 8th, 1936. I last saw him alive on May 3rd, 1936. Death is said to have occurred on the date stated above, at 7:40 A. m.

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

Influenza, — Date of onset

Other contributory causes of importance: Infirmities of Age

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) W. F. Banks, M. D.

(Address) Perryville Mo