

JUL 27 1936

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

Do not use this space.

24158 ✓

1. PLACE OF DEATH

County St. Louis Registration District No. 790
Township Can Primary Registration District No. 60339
City Clayton (No. St. Louis Co. Hoop) St. _____ Ward _____

File No. _____
Registered No. 219

2. FULL NAME

John Richard Cox
(a) Residence No. 603 N. Evans St. _____ Ward Kirkwood Mo
(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 <u>M</u>	4. COLOR OR RACE <u>Wh</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 10 - 1915</u>		
7. AGE	YEARS <u>19</u>	MONTHS <u>9</u>
	DAYS <u>24</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>Labourer</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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

FATHER 13. NAME Wm Cox

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

MOTHER 15. MAIDEN NAME Rosetta Holton

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

17. INFORMANT (ADDRESS) Rosetta Holton Cox 603 N. Evans Kirkwood

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill bury DATE 6-16-1936

19. UNDERTAKER (ADDRESS) Louis H Bopp Kirkwood Mo

20. FILED 9/5 1936 Dra J Deparville Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-14-1936

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____
I last saw h. _____ alive on _____ Death is said to have occurred on the date stated above, at 1:40 AM
The principal cause of death and related causes of importance were as follows:

Deep long laceration of the skull; bruises and contusions of entire body, head and appendages. complete amputation left arm at shoulder. Complete amputation

Other contributory causes of importance:
of foot at ankle. Contusion of entire right lung. Hemorrhage of the pericardial sack. Ulcer.

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy Was there an autopsy? yes

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 _____ 6/15/36
(Signed) Hubert Turner, M. D.
(Address) 378 Jennings St

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.

ation of both kidneys.

Multiple lacerations of occipital and parietal bones, running into base. Secondary; Masceration of head. Int. Hemorrhage and shock.

Missouri Pacific train and pedestrian.
At Kirkwood, Mo. Bonhomme Township, St. Louis County, Mo.

Verdict of Jury:

By an accident when he fell under the wheels of a Missouri Pacific freight train having missed his grip in an attempt to board it.