

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

Do not use this space.

AUG 28 1936

29515
20001

1. PLACE OF DEATH

County Shannon
Township Carroll
City Carroll Springs (No. _____)

Registration District No. 824
Primary Registration District No. 6076

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. C. Jackson Col
(Usual place of abode) Carroll Springs, Mo. Ward _____
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 7-11- 1936 to 7-25- 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 - 1844

I last saw him alive on 7-22- 1936 Death is said

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. _____ min.
92 1 10

to have occurred on the date stated above, at 11:30 p.m.

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

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

Dysentery

Date of onset 6-1-36

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 _____

Other contributory causes of importance; Accident causing hemorrhage at the nose

Date of onset 7-11-36

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

13. NAME Jacob Jackson Cox

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

15. MAIDEN NAME Jane

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

17. INFORMANT Jim George

18. BURIAL, CREMATION, OR REMOVAL PLACE Cox Cem DATE 7-27-36

19. UNDERTAKER None

20. FILED 7-30- 1936 Frank Boyd MD Registrar.

hemorrhage eye to dysentery and hemorrhage

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external cause, responsible in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1936

Where did injury occur? _____ (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 1800

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) W. P. Eudy, M. D.

(Address) Carroll Springs, Mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1950

RECEIVED

APR 10 1950

PROF. J. H. SCHUBERT

DEPARTMENT OF CHEMISTRY
UNIVERSITY OF CHICAGO
57 SOUTH EAST ASHLAND DRIVE
CHICAGO, ILLINOIS

Dear Professor Schubert:

I have the pleasure to acknowledge the receipt of your letter of April 7, 1950, and to thank you for the information regarding the work of your group.

The work of your group is of great interest to us, and we are particularly interested in the results of your recent experiments.

We are planning to visit your laboratory in the near future, and we would be glad to discuss the work of your group in detail.

Very truly yours,
J. H. SCHUBERT

Enclosed are two copies of a report on the work of your group, which we have prepared for your information.

We are sure that you will find this report of interest, and we would be glad to discuss it with you at your convenience.

Very truly yours,
J. H. SCHUBERT

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1. PLACE OF DEATH

County Shannon
Township Eminence
City (No.) St. Ward

Registration District No. 824
Primary Registration District No. 6076

File No.
Registered No.

2. FULL NAME C. Jackson Cox

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
92 1 10

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19..

19. UNDERTAKER (ADDRESS)

20. FILED 7-26-1936 Frank Hyde MD Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-26-1936

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

The principal cause of death and related causes of importance were as follows:
Accident, causing laceration of the neck
Date of onset

Other contributory causes of importance:
None

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Accident Date of injury 7-5- 1936

Where did injury occur? at home in Shannon Co. Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Fell striking nose on handle
Nature of injury broken nose

24. Was disease or injury in any way related to occupation of deceased?
If so, specify

(Signed) W. J. Eudy M. D.
(Address) Eminence Mo

SUPPLEMENT

1865

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

29515

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NATIONAL ARCHIVES