

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

Do not use this space.

33546

**1. PLACE OF DEATH** *OCT 20 1936*  
 County *Adair* Registration District No. *24*  
 Township *Pratt* Primary Registration District No. *4018*  
 City *Ladonia* (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** *John F. Cox*  
 (a) Residence No. *Audience* 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. *11* ds. How long in U. S., if of foreign birth? *65* 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*

**5A. IF MARRIED, WIDOWED, OR DIVORCED**  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF *Jane Cox*

**6. DATE OF BIRTH (MONTH, DAY, AND YEAR)** *July 14 - 1852*

<b>7. AGE</b>	<b>YEARS</b>	<b>MONTHS</b>	<b>DAYS</b>	<b>IF LESS than 1 day, _____ hrs. or _____ min.</b>
<i>84</i>	<i>8</i>	<i>2</i>	<i>9</i>	

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

**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)** *Dec 1935* **11. Total time (years) spent in this occupation.** \_\_\_\_\_

**12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Brynmawr South Wales*

**13. NAME** *Geo Cox*

**14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Brynmawr South Wales*

**15. MAIDEN NAME** *Not Known*

**16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)** *Not Known*

**17. INFORMANT** *Otis Parker*  
 (ADDRESS) *Ladonia Mo.*

**18. BURIAL, CREMATION, OR REMOVAL**  
 PLACE *Ladonia Mo* DATE *Sept 27, 1936*

**19. UNDERTAKER** *F W Kubant*  
 (ADDRESS) *Willbottle Mo*

**20. FILED** *9-24-1936* *W.K. McCall*  
 Registrar.

**MEDICAL CERTIFICATE OF DEATH 1936**

**21. DATE OF DEATH (MONTH, DAY, AND YEAR)** *September 23, 1936*

**22. I HEREBY CERTIFY**, That I attended deceased from *Sept, 11* 19*36*, to *Sept, 23* 19*36*  
 I last saw h. *im* alive on *Sept, 22* 19*36* Death is said to have occurred on the date stated above, at *1, A.M.*  
 The principal cause of death and related causes of importance were as follows:  
*Mitral Stenosis*  
*Arteriosclerosis*  
 Other contributory causes of importance: \_\_\_\_\_  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *No.*

**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? *No.***  
 If so, specify \_\_\_\_\_  
 (Signed) *W.K. McCall*, M. D.  
 (Address) *Ladonia Mo.*

Date of onset  
*Don't know*

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.

