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.

MAR 20 1936

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

Do not use this space.

1. PLACE OF DEATH
County Lincoln — Registration District No. 490 — File No. 47778
Township Millwood — Primary Registration District No. 5657 — Registered No. 2
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Ernest Edward 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 W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22-1936
7. AGE — YEARS X — MONTHS X — DAYS X — If LESS than 1 day, X hrs. or X 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. .....
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) Lincoln Co Missouri

FATHER
13. NAME Oscar Thomas Cox.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Silex Lincoln Co Mo.

MOTHER
15. MAIDEN NAME Lanvilla Creech
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Missouri

17. INFORMANT (ADDRESS) Oscar T. Cox. Davis, Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Old Alexander DATE Feb. 26 1936
19. UNDERTAKER (ADDRESS) Family Davis, Mo.
20. FILED 2-26- 1936. O. H. Damron. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. -22- , 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 1:10 A.m.
The principal cause of death and related causes of importance were as follows:
Transverse Presentation with hand protruding through vagina. Turned & delivered foot first large child, & she died from delayed delivery.
Date of onset
Other contributory causes of importance:
Name of operation None 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? .....
If so, specify .....
(Signed) O. H. Damron, M. D.
(Address) Silex Mo.