

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

Do not use this space.

DEC 18 1936

49197

1. PLACE OF DEATH

County Gundy
Township Galt
City Galt (No. _____)

Registration District No. 327
Primary Registration District No. 4194

File No. _____
Registered No. 16
St. _____ Ward _____

2. FULL NAME

James Lee 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1936

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 0 hrs. or 0 min.
0 0 0

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) Galt mo

13. NAME Wilson Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gundy Co mo

15. MAIDEN NAME Louis Jackson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Gundy Co mo

17. INFORMANT (ADDRESS) Wilson Cox Galt mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Galt mo DATE Oct 14 1936

19. UNDERTAKER (ADDRESS) PK Payne & Son Galt mo

20. FILED 10-14 1936 W. Weston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-13 1936

22. I HEREBY CERTIFY, That I attended deceased from 10-13, 1936, to 10-15, 1936

I last saw her alive on never, 1936. Death is said to have occurred on the date stated above, at field 8:30 Pm
The principal cause of death and related causes of importance were as follows:

Date of onset

Other contributory causes of importance:

Still born

Name of operation none Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury none

Where did injury occur? none (Specify city or town, county, and State)

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

Manner of injury none
Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

(Signed) Jay Jay, M. D.
(Address) Lynchburg Mo.

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.

