

FEB 7 1937

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

Do not use this space.

## 1. PLACE OF DEATH

 County Meru Registration District No. 554  
 Township Morgan Primary Registration District No. 5750  
 City..... (No..... St..... Ward)

 File No. 7247  
 Registered No. 16
2. FULL NAME William 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 white 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) May 10-1856
 7. AGE YEARS 80 MONTHS 7 DAYS 26 If LESS than 1 day, ..... hrs. or ..... min.

 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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo13. NAME Gail Cox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky15. MAIDEN NAME Mattie Rose16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky17. INFORMANT Luelle Byers (ADDRESS) Princeton Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Campbell Cemetery Feb 13 193719. UNDERTAKER Neil Mass (ADDRESS) Princeton Mo20. FILED 2/10 1937 J. M. Perry Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 12, 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb. 6, 1937, to Feb. 12, 1937.  
 I last saw him alive on Feb. 12, 1937. Death is said to have occurred on the date stated above, at 3 a.m.

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

Influenza-pneumonia  
massive hemorrhagic edema most marked in whole right lung.
Date of onset Feb. 8
 Other contributory causes of importance: 151  
Cardio-vascular-renal disease 5 yrs  
with chronic passive liver enlargement.

Name of operation..... Date of.....

What test confirmed diagnosis? None Where 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) A. St. Bristow, M. D.(Address) Princeton, Mo.

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.

