

MAR 24 1937

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

Do not use this space.

1. PLACE OF DEATH

 County Platte
 Township Marshall,
 City Weston, Mo. (No. 8 Mi. No., Weston, Mo.)

 Registration District No. 698
 Primary Registration District No. 5927

 File No. 7690
 Registered No. _____
 St. _____ Ward)
2. FULL NAME Kate Salina Cox, R.F.D.# 2, Weston, Mo.
 (a) Residence, No. 8 Mi. No., Weston, Mo. St. _____ Ward. _____
 (Usual place of abode)

 Length of residence in city or town where death occurred 78 yrs. 0 mos. 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Harry A. Cox,
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb'y. 15, 1859
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 0 5

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

 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,

 10. Date deceased last worked at this occupation (month and year) February 1937 11. Total time (years) spent in this occupation 59

 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Platte County, Missouri,

 13. NAME Nelson P. Nelson,

 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Norway,

 15. MAIDEN NAME Enger Tomenie,

 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hoverson, Norway,

 17. INFORMANT Nelson N. Cox
 (ADDRESS) 1522 So. 25th. Street, St. Joseph,

 18. BURIAL, CREMATION, OR REMOVAL PLACE Nelson Cemetery, Feb'y 24, 1937

 19. UNDERTAKER Heaton, Belsola & Bowman
 (ADDRESS) St. Joseph, Mo. Funeral Home

 20. FILED 2/23 1937 J. H. Mill
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb'y 20th. 1937
 22. I HEREBY CERTIFY, That I attended deceased from Feb - 8 - 1937 to Feb 20 - 1937

 I last saw her alive on Feb - 8 - 1937 Death is said to have occurred on the date stated above, at 10:50 a.m.

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

Influenza
Chronic catarrh enteritis
Mysocarditis

Date of onset

Other contributory causes of importance:

Chronic catarrh enteritis
Mysocarditis
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 1937

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) Lewis P. Calvert, M. D.(Address) Weston, Mo.

