

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

Do not use this space.

18946

JUN 12 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 377
 Township Kew Primary Registration District No. 1002
 City Keosauqua (No. Mersey Hospital) St. _____ Ward _____

2. FULL NAME Roy Cox
 (a) Residence, No. _____ St. _____ Ward Weston MO
 (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) 4-9-36

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

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) Weston mo

13. NAME Ralph Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston mo

15. MAIDEN NAME Grace Booch

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Weston mo

17. INFORMANT J+B Hill (ADDRESS) Weston

18. BURIAL, CREMATION, OR REMOVAL PLACE Weston mo DATE 5-12, 1937

19. UNDERTAKER J+B Hill (ADDRESS) Weston mo

20. FILED May 9 1937 M. M. Crome Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-5, 1937, to 5-9, 1937
 I last saw him alive on 5-9, 1937. Death is said to have occurred on the date stated above, at 12:35 p.m.
 The principal cause of death and related causes of importance were as follows:

Menigitis Pneumococ Date of onset 5-2-37

Other contributory causes of importance:
Upper Resp Inf 51-31

Name of operation Spinal Puncture Date of 5-5-37
 What test confirmed diagnosis? Lab Was there an autopsy? Yes

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) M. C. Cini M. D.
 (Address) 806 Prof Bldg UMKC

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.

