

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

Do not use this space.

JUN 17 1937

19541

1. PLACE OF DEATH

County Buchanan
Township St. Joseph
City St. Joseph (No. no. Methodist Hosp.)

Registration District No. 30
Primary Registration District No. 2001

File No. 633
Registered No. 633
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward Gallatin Mo.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 3 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Rovie Cox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug-2-1873</u>		
7. AGE	YEARS	MONTHS
	<u>63</u>	<u>9</u>
		DAYS
		<u>26</u>
		If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, sawyer, bookkeeper, etc. <u>Farmer</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Agriculture</u>
	10. Date deceased last worked at this occupation (month and year) <u>May 1934</u>

11. Total time (years) spent in this occupation <u>Life</u>

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Waverly Mo.

13. NAME Benjamin F. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sprouville Tennessee

15. MAIDEN NAME Mollie Murphy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT (ADDRESS) Fred Cox, St. Joseph, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Gallatin DATE May-30-37

19. UNDERTAKER (ADDRESS) Hope Funeral Home, St. Joseph, Mo.

20. FILED 528, 1937 St. Joseph Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-28-1937

22. I HEREBY CERTIFY, That I attended deceased from May 25 - 1937, to May 28 - 1937
I last saw him alive on May 28 - 1937 Death is said to have occurred on the date stated above, at 12:16 P.M.

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

Cerebral Hemorrhage Date of onset 4-25-37

Other contributory causes of importance: None

Name of operation None Date of None

What test confirmed diagnosis? Cluiey 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? No

If so, specify _____

(Signed) Paul Jorgensen, M. D.

(Address) St. Joseph, 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.

