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.

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

SEP 21 1937

Do not use this space.

29605

1. PLACE OF DEATH

County: Jackson / Registration District No.: 399 / File No.:

Township: Kaw / Primary Registration District No.: 1002 / Registered No.:

City: (No. St. Joseph Hosp St. Ward)

2. FULL NAME: James Robert Cox

(a) Residence, No. St., Ward. Parkville, 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): July 26, 1937

7. AGE: YEARS | MONTHS | DAYS: 3 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None

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): Kansas City, Missouri

FATHER

13. NAME: James Robert Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Edgerton, Mo

MOTHER

15. MAIDEN NAME: Joan Mattox Cox

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Parkville, Mo

17. INFORMANT (ADDRESS): James Robert Cox Platte City Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Camden Point DATE: July 30, 19

19. UNDERTAKER (ADDRESS): McCandy Parkville Mo

20. FILED: Aug 3, 1937 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 29, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 26, 1937, to July 29, 1937
I last saw h alive on July 29th, 1937. Death is said to have occurred on the date stated above, at 9 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Congenital atelectasis	Birth
16/a	

Other contributory causes of importance:

Name of operation: 0 Date of:
What test confirmed diagnosis? Physical exam 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) George O. Herrman, M. D.
(Address) 1107 Bryant Bldg Kansas City, Missouri