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

Do not use this space.

PLACE OF DEATH
County: Cass
Township: Everett
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 147
Primary Registration District No. 5211

File No. 30365
Registered No. .....

FULL NAME: Silas Morgan 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*)
Male	White	Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Anna Mae Cox

7. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 15 1864

AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	73	2	18	

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: .....

BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. Mo.

13. NAME: Issac Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. Mo.

15. MAIDEN NAME: Betty McGee

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Nodaway Co. Mo.

INFORMANT: Mrs. Anna Mae Cox
(ADDRESS): Archie Mo.

BURIAL, CREMATION, OR REMOVAL: Burial
PLACE: Cresent Hill DATE: Aug. 5th. 1937

UNDERTAKER: Athinson And Easterla
(ADDRESS): Archie Mo.

FILED: Aug 5 1937 Mrs. Dora Cedar, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 3, 1937

22. I HEREBY CERTIFY, That I attended deceased from July 1, 1935, to Aug 3, 1937
I last saw him alive on Aug 3 - 3, 1937. Death is said to have occurred on the date stated above, at 9-30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Myocarditis	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

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? .....
If so, specify .....

(Signed) B. B. Tout, M. D.
(Address) Archie Mo.