

JAN 15 1938

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

Do not use this space

44556

1. PLACE OF DEATH
 3 County Atchison Registration District No. 20
 Township Tarkio Primary Registration District No. 5027
 City Tarkio, Mo (No.) St. Ward

2. FULL NAME Bononi Cox
 (a) Residence. No. Faucett, Mo St. Ward
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. 21 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 16, 1855

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
82 4 2

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Ret'd Farmer
 (b) General nature of industry, business, or establishment in which employed (or employer) #####
 (c) Name of employer #####

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 18 1937

17. I HEREBY CERTIFY, That I attended deceased from May 8, 1937, to May 18, 1937, that I last saw him alive on May 18, 1937, and that death occurred, on the date stated above, at 11:50 P. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Chronic Endocarditis

(duration) 3 yrs. mos. ds.

CONTRIBUTORY General Arterio-sclerosis
 (SECONDARY)
 (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

10. NAME OF FATHER Johnathan Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Mo

12. MAIDEN NAME OF MOTHER ##### Arena

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Unknown

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH? No DATE OF.....
 WAS THERE AN AUTOPSY? No
 WHAT TEST CONFIRMED DIAGNOSIS Clinical Symptoms
 (Signed) Dr. C. D. Baskell M. D.
 , 19 (Address) Tarkio Mo

14. INFORMANT J. R. Freeman
 (Address) Tarkio, Mo

15. FILED May 20 1937 C. W. Vaughn REGISTRAR

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL
Turner Cem, Faucett Mo, May 20 1937

20. UNDERTAKER ADDRESS
W. B. ... Tarkio Mo

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.

