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

Do not use this space.

1932

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

1. PLACE OF DEATH
County: Barton
Township: Ozark
City: Liberal (No. ....., ... St. ..... Ward)
Registration District No.: 41
Primary Registration District No.: 5063

2. FULL NAME Joel W. Cox 200

(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 52 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*): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF ~~(OR) WIFE OF~~ Malinda V. Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 23, 1855

7. AGE: Years 82 | Months 4 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. own farm
10. Date deceased last worked at this occupation (month and year) 1927
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) Kokomo (STATE OR COUNTRY) Ind.

FATHER
13. NAME Jeremiah T. Cox
14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

MOTHER
15. MAIDEN NAME Elizabeth Frazier
16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Unknown

17. INFORMANT George Cox (ADDRESS) Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberal Mo. DATE Jan. 19 1938

19. UNDERTAKER Berkey Funeral Service (ADDRESS) Mulberry Kansas

20. FILED Jan. 18th 1938 F. K. Spell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 16 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan. 16 1938, to Jan. 16 1938, I last saw him alive on Jan. 15 1938. Death is said to have occurred on the date stated above, at 4 A m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Coronary occlusion	

Other contributory causes of importance:
Senility

Name of operation ..... Date of ..... What test confirmed diagnosis? Physical. 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? No
If so, specify .....
(Signed) F. K. Spell, M. D.
(Address) Liberal Mo.

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MO. STATE BOARD OF HEALTH

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