

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

Do not use this space.

3283

File No. IV
Registered No. 2
St. _____ Ward _____

1. PLACE OF DEATH Lawrence
59) County Lawrence Registration District No. 471
Township Beatty Primary Registration District No. 5634
City Beatty (No. _____) St. _____ Ward _____

2. FULL NAME Arland Lewis Cox 2.00
(a) Residence, No. 814 8th St. 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 1st 1938

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

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
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

FATHER
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Mo
13. NAME D. M. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monticello Mo

MOTHER
15. MAIDEN NAME Gerta Fritz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Beatty Mo

17. INFORMANT D. M. Cox (ADDRESS) Monticello

18. BURIAL, CREMATION, OR REMOVAL PLACE Beatty DATE Jan 2nd 1938

19. UNDERTAKER R. M. Callaway (ADDRESS) Beatty Mo

20. FILED 1-2- 1938 W. C. Williams Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2 - 1938

22. I HEREBY CERTIFY That I attended deceased from Jan 1, 1938, to Jan 2, 1938
I last saw him alive on Jan 2, 1938. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Premature Birth
5 months child
15A
Date of onset

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? No
If so, specify _____
(Signed) L. H. Ferguson, M. D.
W. C. Williams, M. D.

NOTE—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.

RECEIVED

FEB 25 1938

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MO. STATE BOARD OF HEALTH