

REC'D MAR 15 1938

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

Do not use this space.

1. PLACE OF DEATH

County..... Clinton
Township..... Hardin
City..... (No..... St..... Ward.....)

Registration District No. 208 5288

Primary Registration District No. 4/26

File No. 6495

Registered No.

2. FULL NAME

William Price 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

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 Frances Cox				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/21/1863				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	74	11	20	
OCCUPATION	8. Trade, profession, or particular kind of work done, as planer, 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	
12. BIRTHPLACE (CITY OR TOWN) Gentry County, Missouri				
FATHER	13. NAME Alfred Cox			
	14. BIRTHPLACE (CITY OR TOWN) Indiana			
MOTHER	15. MAIDEN NAME Elizabeth Robert			
	16. BIRTHPLACE (CITY OR TOWN) Arkansas			
17. INFORMANT Mrs Frankie Cox				
(ADDRESS) Trimble, Mo.				
18. BURIAL, CREMATION, OR REMOVAL PLACE Paradise Cem. DATE 2/13/38				
19. UNDERTAKER Gallus Mortuary				
(ADDRESS) Edgerton, Mo.				
20. FILED Feb 25, 1938 Mrs Dela Sh... and Registrar				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 11, 1938
22. I HEREBY CERTIFY, That I attended deceased from July 19, 1938, to Feb 11, 1938. I last saw him alive on Feb 10, 1938. Death is said to have occurred on the date stated above, at 6:24 P.M. The principal cause of death and related causes of importance were as follows: Cause of the Stomach 46 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) J. P. Rouse, M. D. (Address) Nashville Mo. B-2.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

1938

