

REC'D MAR 21 1938

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

Do not use this space.

1. PLACE OF DEATH.

County Marion Registration District No. 947
Township Marion Primary Registration District No. 3029
City Hannibal (No. 1709 Broadway) St. _____ Ward _____

File No. 7403
Registered No. 38

2. FULL NAME Mathew M. Cox 200

(a) Residence, No. 1709 Broadway 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 Anna May

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 15, 1861

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, or	IF LESS than 1 day, or
<u>76</u>	<u>76</u>	<u>10</u>	<u>10</u>	hrs.	min.

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 _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

13. NAME Samuel H. Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

15. MAIDEN NAME Mary J. Lasley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Hollis Cox
(ADDRESS) 1709 Broadway - Hannibal Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Grandview Burial Park DATE Jan - 28 - 1938

19. UNDERTAKER James Edouard
(ADDRESS) Magnum Mo

20. FILED 78 1938 H. C. Fisher
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 25th - 1938

22. I HEREBY CERTIFY That I attended deceased from 12-25, 1937, to 1-25, 1938

I last saw him alive on 1-25, 1938 Death is said

to have occurred on the date stated above, at 10:20 am.

The principal cause of death and related causes of importance were as follows:

Broncho pneumonia Date of onset 12-20-37

Other contributory causes of importance: 1938

Cardiac failure 1-20-38

Name of operation None Date of _____

What test confirmed diagnosis? C. - I. - C. Was there an autopsy? No

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) Howard S. Sedent, M. D.

(Address) Hannibal Mo

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.

