

REC'D AUG 8 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH 99

24173
Do not use this space.

1. PLACE OF DEATH

(a) County Jackson, Registration District No. 1002
 (b) Township Kaw, Primary Registration District No. _____ Registered No. 2678
 (c) City Kansas City, Mo. (d) Street No. 2810 Harrison Str., K.C. Mo. St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S. of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Jane Black Cox,

(a) Residence, No. 2810 Harrison Str., K. C. Mo. St. _____
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Edwin G. Cox,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 31st, 1878

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
66 6 0

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. At Home
 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) Illinois

FATHER 13. NAME Samuel H. Black,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER 15. MAIDEN NAME No Record

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT (ADDRESS) Lyle W. Bryan, 2810 Harrison. 2810 Harrison Str., K. C. Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Winton, Mo. DATE July 4 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Mrs. C. L. Forster 918 Brooklyn Avenue, K.C. Mo.

20. FILED 7-5 1938 M. M. Crowe, ass't Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1st, 1938

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 7/1/38, 19____

I last saw her alive on 7/1/38, 19____. Death is said

to have occurred on the date stated above, at 8:30 P.M.

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

Massive cerebral hemorrhage Date of onset Noon - 7/1

Other contributory causes of importance: Hypertension several years

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? Yes

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) J. W. Halney, M. D.
 (Address) 828 Medical Arts Bldg.

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.

*Medical Arts
No 51570*

*4134
12130 to 21008M*

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, _____, or by _____

Registered Apprentice No. _____, working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.