REC'D SEP 27 1938

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

29506
Do not use this space.

1. PLACE OF DEATH
(a) County Mississippi — Registration District No. 566
(b) Township — Primary Registration District No. 3030 — Registered No. 98
(c) City Charleston, Mo. — (d) Street No. 303 Brooklyn St., 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., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Lulu Cox
(a) Residence, No. 303 Brooklyn 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: Colored
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Samuel Cox
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 25, 1861
7. AGE: 76 YEARS — MONTHS: 7 — DAYS: 16 — If LESS than 1 day, ...hrs. or ....min.

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.
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): Mississippi County Mo.

FATHER
13. NAME: Wesley Woods
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond, Va.

MOTHER
15. MAIDEN NAME: Harriet Miller
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Richmond Va.

17. INFORMANTS (ADDRESS): Harry Woods & S. J. Cox St. Louis, Mo. & Mississippi County

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Oak Grove DATE: Aug. 13 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS): F. J. Sparks Cape Girardeau, Mo.

20. FILED 8-13- 1938 F S Vernon
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 10, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 21, 1938 to Aug 10, 1938
I last saw her alive on Aug 10, 1938. Death is said to have occurred on the date stated above, at 10 A.m.
The principal cause of death and related causes of importance were as follows:

Carcinoma Stomach — Date of onset: Dont Know

46 B.

Other contributory causes of importance: —

Name of operation — Date of —
What test confirmed diagnosis? None 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 C C Russell
(Signed) , M. D.
(Address) Charleston Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

50M-1-38 I X14028

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, F. J. Sparks, or by .....,

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

Signed F. J. Sparks

Licensed Embalmer No. 3455

P. O. Address Cape Girardeau, Mo.

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.