CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D SEP 28 1938

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

30111
Do not use this space.

1. PLACE OF DEATH
(a) County Scott — Registration District No. 1151
(b) Township — Primary Registration District No. 4588 — Registered No.
(c) City Fornfelt — (d) Street No. — 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 Kewma Alberta Cox
(a) Residence, No. — 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: J. W. Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan 10 1916

7. AGE: YEARS 22 — MONTHS 4 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Domestic
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): Fornfelt Mo.

FATHER
13. NAME: Sam Spradlin
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Fornfelt Mo

MOTHER
15. MAIDEN NAME: Allie Taylor
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Newton Ill.

17. INFORMANT (ADDRESS): J.W.Cox Sikeston Mo.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ PLACE: Sikeston Mo. DATE: June 5th, 1938

19. FUNERAL DIRECTOR (ADDRESS): Albritton Undtkg. Co. Sikston Mo.

20. FILED 6-4- 1938 — B. S. Cannon by Paul Bray Deputy — Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 6/3/38, 19

22. I HEREBY CERTIFY That I attended deceased from Apr 8, 1937, to June 3, 1938. I last saw her alive on June 3, 1938. Death is said to have occurred on the date stated above, at 10:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myelogenous	Jan-10
Lukemia	1937

Other contributory causes of importance: 72

Name of operation — Date of
What test confirmed diagnosis? Clinical — 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) [illegible], M. D.
(Address) Sikeston Mo.

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(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I, ..., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

.....L. E.....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

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