

SEP 26 1938

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

Do not use this space.

30170

1. PLACE OF DEATH

County Stoddard
Township Richland
City (No. _____) St. _____ Ward _____

Registration District No. 839
Primary Registration District No. 6101

File No. _____
Registered No. 28

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug-5th 1938

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

22. I HEREBY CERTIFY, That I attended deceased from 8-1-38 to 8-4-38

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 8-1-38

I last saw him alive on Aug 1-38 Death is said to have occurred on the date stated above, at 120 m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 5

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ✓
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 0

Date of onset

Spina Bifida
1870

Other contributory causes of importance: Not known

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex, Mo

Name of operation _____ Date of _____

13. NAME John Lee Cox

What test confirmed diagnosis? None Was there an autopsy? no

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

15. MAIDEN NAME Arvilla Dymmitt

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury _____ 19 _____

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Essex, Mo

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Willard Dymmitt, Essex, Mo

Manner of injury _____
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Buried DATE Aug-5-38

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____

19. UNDERTAKER (ADDRESS) None

(Signed) J. P. Bracken M. D.

20. FILED 8-5-38 19 38 Dr. J. P. Bracken Registrar.

(Address) Essex, Mo.

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

