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.

DEC 5 1938

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

Do not use this space.

File No. 40162

Registered No.

1. PLACE OF DEATH
County Ripley
Township Doniphan
City Doniphan (No. , St. Ward)

Registration District No. 750
Primary Registration District No. 4451

2. FULL NAME Elliott Cox

(a) Residence, No. 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: Ollie Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec 2 1873

7. AGE: Years 64 Months 11 Days 2 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): Ripley Co. Mo.

FATHER
13. NAME: Jacob H. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Tenn.

MOTHER
15. MAIDEN NAME: Galispie
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): unknown

17. INFORMANT (ADDRESS): J. L. Cox

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Lebanon DATE 11/6 1938

19. UNDERTAKER (ADDRESS): Gish Doniphan

20. FILED Nov. 5 1938 E. B. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 4 1938

22. I HEREBY CERTIFY, That I attended deceased from Sept 23 1938, to Nov 4 1938
I last saw h. alive on Nov 4 1938. Death is said to have occurred on the date stated above, at 11:50 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cirrhosis of Liver	Aug
Lobar Pneumonia	5 days

Other contributory causes of importance:

Name of operation: none Date of
What test confirmed diagnosis? 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?
If so, specify
(Signed) Dr. J. E. Williams, M. D.
(Address) Doniphan Mo.

Norman W. Gish

Feb 23 87

Piedmont Missou