

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.

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

6853
Do not use this space.

MAR 20 1939

1. PLACE OF DEATH

(a) County Jasper Registration District No. 2
(b) Township Galena Primary Registration District No. 411
(c) City Joplin (d) Street No. 2024 Pearl Registered No. 2007
(If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
(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 John Thomas Cox

(a) Residence, No. 2024 Pearl St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept. 14, 1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 5 0

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter

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) Carthage, Mo.

13. NAME William Henry Cox

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

15. MAIDEN NAME Rebecca Whittaker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. Cox
2024 Pearl

18. BURIAL, CREMATION, OR REMOVAL PLACE Oudman Cem. DATE Feb. 16, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Thornhill-Dillens
Joplin, Mo.

20. FILED 2-15-39 Ed. D. James Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 14 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 14, 1939 to Feb. 14, 1939

I last saw him live on Feb. 14, 1939 Death is said to have occurred on the date stated above, at Joplin, Mo.

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

Diabetes Mellitus
acute debility

Other contributory causes of importance: 56

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

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) W. H. Brown M.D.

(Address) Joplin Mo

RECEIVED

District Health Officer No. 6,

District File Number 6-39-626

Date Filed MAR 11 1939

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,

David Dillon

or by

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

Signed.....

David Dillon

Licensed Embalmer No. 3898

P. O. Address Joplin 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.