

1939 JUN 8 1939

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

18184
Do not use this space.

1. PLACE OF DEATH

(a) County Caldwell ? Registration District No. 94
 (b) Township _____ Primary Registration District No. 4655 Registered No. _____
 (c) City Breckenridge (d) Street No. _____ St. _____
 (e) Length of residence in city or town where death occurred 70 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nona Cox
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 2 1869
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 70 2 24
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Power
 9. Industry or business in which work was done, as saw mill, bank, etc. man
 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) Breckenridge Mo
 FATHER 13. NAME Wm Cox
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richmond mo
 MOTHER 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know
 17. INFORMANT (ADDRESS) Lucile Batten Breckenridge Mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Rose Hill DATE May 30 1939
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) T. McBeck & Son Breckenridge Mo
 20. FILED June 1 1939 A.R. Chesney Mo Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 28 1939
 22. I HEREBY CERTIFY, That I attended deceased from Mar 1st 1939 to May 28 1939
 I last saw him alive on May 28 1939. Death is said to have occurred on the date stated above, at 10:45 AM.
 The principal cause of death and related causes of importance were as follows:
chronic myocarditis Date of onset don't know
chronic parenchymatous nephritis Date of onset don't know
 Other contributory causes of importance: 131
 Name of operation none 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? No
 If so, specify _____
 (Signed) W. L. Chaffin, M. D.
 (Address) Breckenridge Mo

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.

RECEIVED

District Health Officer No. 11,

Disinfectant File Number 39-614

Date Filed JUN 6 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, or by.....

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

Signed T. F. McPuck

Licensed Embalmer No. 1570

P. O. Address Brea Kennel

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.