

REC'D JUN 21 1939

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

Do not use this space.

18803

1. PLACE OF DEATH
 47 County Iron Registration District No. 391
 Township Arcadia Primary Registration District No. 4230
 20 City Ironton (No.) St. Marys Hospital St. Ward

2. FULL NAME Clarence Junior Cox
 (a) Residence, No. Ironton Mo. 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? 1939 mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 27, 1925

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
13 6 27

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

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) Pilot Knob Mo. (STATE OR COUNTRY) 0

13. NAME Clarence Cox 0

14. BIRTHPLACE (CITY OR TOWN) Pilot Knob Mo. (STATE OR COUNTRY) 0

15. MAIDEN NAME Iva Wright

16. BIRTHPLACE (CITY OR TOWN) Monterey Mo. (STATE OR COUNTRY)

17. INFORMANT Clarence Cox (ADDRESS) Ironton Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Middlebrook Mo. DATE May 31 1939

19. UNDERTAKER Norman White & Sons (ADDRESS) Ironton Mo.

20. FILED may 31, 19 39 R. A. Rascher Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 30, 19 39

22. I HEREBY CERTIFY, That I attended deceased from # , 19 , to # , 19 .
 I last saw h. # alive on # , 19 . Death is said to have occurred on the date stated above, at 3.00A.M.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
108
Other contributory causes of importance:
Osteomyelitis
a leg

Name of operation 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? no
 If so, specify

(Signed) Jungo H. Martin (Rover) M. D. 4
353 (Address) Ironton, Mo.

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.

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