

REC'D JUN 22 1939

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

19510

Do not use this space.

1. PLACE OF DEATH
- (a) County Putnam Registration District No. 689  
(b) Township Putnam Primary Registration District No. 3033 Registered No. \_\_\_\_\_  
(c) City Putnam Mo (d) Street No. Pike Co Hospital 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. \_\_\_\_\_  
(If death occurred in Hospital or Institution, write its name instead of street and number)
2. PRINT FULL NAME JOHN THOMAS W. L COX JR  
(a) Residence, No. 444 Maryland St St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
- 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DESERINE ENERTSON WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) MARCH 30 1849
- |        |           |          |           |                                  |
|--------|-----------|----------|-----------|----------------------------------|
| 7. AGE | YEARS     | MONTHS   | DAYS      | IF LESS THAN 1 day, hrs. or min. |
|        | <u>90</u> | <u>1</u> | <u>27</u> |                                  |
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired
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) Pike Co Mo
13. NAME Benjamin A Wilcox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
15. MAIDEN NAME Sarah Mackley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Put Co Mo
17. INFORMANT (ADDRESS) Jerome Emerson Wilcox Louisiana Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Putnam Mo DATE May 29 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. J. Kuba Louisiana Mo
20. FILED May 28 1939 W. J. Kuba Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 27 1939
22. I HEREBY CERTIFY, That I attended deceased from MARCH 1939, to MAY 27 1939  
I last saw him alive on MAY 27 1939 Death is said to have occurred on the date stated above, at 9:00 p.m.  
The principal cause of death and related causes of importance were as follows:
- CHRONIC MYO CARDITIS  
CHRONIC NEPHRITIS  
SENILITY
- Other contributory causes of importance:  
BRONCHOPNEUMONIA

Date of onset

5-1-39

Name of operation NONE Date of \_\_\_\_\_  
What test confirmed diagnosis? NONE 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. J. Kuba, M. D.  
(Address) Louisiana Mo

*Desmond Emerson*

RECEIVED

District Health Officer No. 10

District File Number *10-39-1036*

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, \_\_\_\_\_

*Harold Garner*

or by \_\_\_\_\_

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

Signed

*Harold Garner*

Licensed Embalmer No. *3720*

P. O. Address *Louisiana, 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.