

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

**21830**  
Do not use this space.

REC'D JUL 17 1939

**1. PLACE OF DEATH**

(a) County Cass Registration District No. 162  
 (b) Township West Peculiar Primary Registration District No. 5227  
 (c) City Peculiar (d) Street No. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (0) 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)  
200 John William Cox  
 (Usual place of abode, if no street address, write county or city)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Unmarried  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Anne Cox  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 31 - 1866  
 7. AGE YEARS 72 MONTHS 11 DAYS 5 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 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. Farmer  
 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) Platt County Missouri

FATHER 13. NAME Frederic Cox  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washburn

MOTHER 15. MAIDEN NAME Mary Maloney  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Joe Cox, Cadron, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Crescent Hill DATE June 28, 1939

19. FUNERAL DIRECTOR (ADDRESS) Creath & Son, Cadron, Mo.

20. FILED 6/26 1939 Walter Walker, M.D. Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 26, 1939  
 22. I HEREBY CERTIFY That I attended deceased from December 15, 1938 to June 25, 1939  
 I last saw her alive on June 25, 1939. Death is said to have occurred on the date stated above, at 3:15 A.M.  
 The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis  
93 C  
 Other contributory causes of importance: Chronic Bronchitis  
 Date of onset ?

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Post-Mortem 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) Walter V. Robbins M. D.  
Peculiar, Mo. (Address)

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.

THIS IS A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I, Fred W. Creath, Licensed Embalmer No. 3343

hereby certify that the body recorded on the reverse side of this certificate was embalmed by Me

..... L. E. ....

No. .... or by ..... Registered Apprentice No. ....

working under my personal supervision.

Signed Fred W. Creath

Licensed Embalmer No. 3343

**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.)**