

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.

NOV 24 1939

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

Do not use this space.

36723

21

1. PLACE OF DEATH

County Montgomery
Township Upper Gault
City Paris (No. 1)

Registration District No. 598
Primary Registration District No. 5791

File No. 21
Registered No. 21 Ward

2. FULL NAME

Jane Cox

(a) Residence, No. 3 St. 3 Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 yrs. — mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 2 - 1864

7. AGE YEARS 75 MONTHS 9 DAYS 9 If LESS than 1 day,hrs. ormin.

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

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) (STATE OR COUNTRY) Breckinridge South Wales

13. NAME Charles Saunders

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Wales

15. MAIDEN NAME Elizabeth Stone

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) South Wales

17. INFORMANT Mrs. E. S. Jennings (ADDRESS) Willsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACES Ladonia DATE Oct 15 1939

19. UNDERTAKER F. F. F. F. (ADDRESS) Willsville, Mo.

20. FILED Oct 15, 1939 Mrs. M. M. Mc Dermott Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 11 19 39

22. I HEREBY CERTIFY, That I attended deceased from July 13, 1939, to Oct. 11, 1939

I last saw her alive on Oct. 9, 1939 Death is said to have occurred on the date stated above, at 2 A. m.

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

Myocarditis (Chronic) Date of onset Don't know

Other contributory causes of importance: Arterio-Sclerosis

Name of operation None Date of -
What test confirmed diagnosis Clinical 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) W. K. McCall M. D.
(Address) Ladonia Mo.

