

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.

SEP 25 1940

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

Do not use this space.

1. PLACE OF DEATH

County Nodaway  
Township Atchison  
City Champion R.F.D. No. 0

Registration District No. 619  
Primary Registration District No. 5831

29239

File No. \_\_\_\_\_  
Registered No. 10  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Jacob William Cox

(a) Residence No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 79 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (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) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23 - 1861

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 79 4 8

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

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) June 1940 11. Total time (years) spent in this occupation 49 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hopkins mo

13. NAME Coleman Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Ind

15. MAIDEN NAME Sydia Snyder

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Calwell County mo

17. INFORMANT (ADDRESS) Mrs. Jacob Cox Champion mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Hopkins, mo DATE July 3, 1940

19. UNDERTAKER (ADDRESS) Stanley Swanson Hopkins, mo

20. FILED July 2, 1940 W.B. Humphrey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1940

22. I HEREBY CERTIFY that I attended deceased from July 1, 1940 to July 1, 1940  
I last saw him alive on July 1, 1940 Death is said to have occurred on the date stated above, at 4:55 P.M.  
The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset 7/1/40

Other contributory causes of importance:  
Senility  
Arteriosclerosis  
Old M-70 cigarettes

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) D. G. B. Curd M. D.  
(Address) 15 West 1st St. mo.

940-1406  
SEP 12 1948