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

Do not use this space.

File No. 27515 3291

Registered No. .....

1. PLACE OF DEATH

County Jackson Registration District No. .....

Township Kans Primary Registration District No. .....

City Kansas City (No. 23 Indiana St.) Ward)

2. FULL NAME Abner Benj Cox Copy

(a) Residence. No. 2306 Indiana St., 14 Ward. .....

(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 1 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Ellen Jane Cox deceased 1900

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 1 - 1853

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	75	2	26	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Carpenter

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

PARENTS

10. NAME OF FATHER Ank Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Kentucky

12. MAIDEN NAME OF MOTHER Miss Wiseman

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) ..... (STATE OR COUNTRY) Ky. Wiseman

14. INFORMANT Mrs Ruth Hickey

(Address) 1021 E 14

15. FILED 8/30, 1928 M. M. Browne REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 27 1928 Monday

17. Coroner

I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

I. Automobile traumatism

II. Fract Broken

Multiple injuries

K. 6 Mo (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 1880

(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED .....

IF NOT AT PLACE OF DEATH? .....

DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Inspection

(Signed) H. E. Moore, M. D

8-27, 1928 (Address) Coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Maple Hill Cemetery — DATE OF BURIAL 8-30 1928

20. UNDERTAKER Eylar Funeral Home — ADDRESS 1800 Linwood

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.