

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

Do not use this space.

31710

1. PLACE OF DEATH

County St. Clair
Township Osceola
City Osceola Mo (No. _____)

Registration District No. 765
Primary Registration District No. 4460

File No. _____
Registered No. 22
St. _____ Ward _____

2. FULL NAME

Edwin Madison Cox

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

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

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 Allie Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 12 1870

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
59 3 28

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work E. Highway Engineer
(b) General nature of industry, business, or establishment in which employed (or employer) Retired.
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Fayetteville
(STATE OR COUNTRY) Arkansas.

10. NAME OF FATHER Pleasant Madison Cox

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

12. MAIDEN NAME OF MOTHER Sarah E. Richie

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) St. Louis
(STATE OR COUNTRY) Missouri

14. INFORMANT W. H. Cox
(Address) Osceola Mo

15. FILED 9/10 1929 Ruth Severs
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 9th 1929

17. 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 _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Suicide
Shot in the head

167 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 170 (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? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Ed Hull coroner M. D.

9/10 . 1929 (Address) Osceola Mo

*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 Osceola Cemetery DATE OF BURIAL Sept. 11, 1929.

20. UNDERTAKER Barnett McClunog - Austin ADDRESS Osceola Mo

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.

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