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.

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

Do not use this space.

37422

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 1526 Freemont St. Ward)

File No.
Registered No. 4892

2. FULL NAME Mary Malinda Cox
(a) Residence. No. 1526 Freemont St., 12 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: ~~widow of~~ H. A. Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): May 9, 1850

7. AGE: Years 79 | Months 6 | Days 19 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired Housekeeper
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer: With daughter

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

PARENTS
10. NAME OF FATHER: Absolom Williams
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana
12. MAIDEN NAME OF MOTHER: Hester Lane
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Indiana

14. INFORMANT: Mrs B. F. Hall
(Address) Vineet Springs Mo

15. FILED 11/29, 1929 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 28 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1929, to Nov 28, 1929, that I last saw her alive on Nov 28, 1929, and that death occurred, on the date stated above, at 3:05 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho-pneumonia
104-P
106-D (duration) yrs. mos. 17 ds.

CONTRIBUTORY (SECONDARY): Bronchitis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: At home
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) James O. Brown, M. D.
Nov 28 1929 (Address) 2241 E. 15th St. Kansas City 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: Vineet Springs Mo
DATE OF BURIAL: Nov 30 1929

20. UNDERTAKER: R C Carter
ADDRESS: Lee Spg Mo