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

38871

File No. .....
Registered No. 126

1. PLACE OF DEATH
County Clay
Township Liberty
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 201
Primary Registration District No. 5280

JAN 19 1931

2. FULL NAME Mary E. Cox
(a) Residence. No. I.O.O.F. Home St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode) Liberty Mo
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: 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: unknown

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17 - 1861

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
69	2	27	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Inmates
(b) General nature of industry, business, or establishment in which employed (or employer): I.O.O.F. Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Savannah, Mo

PARENTS
10. NAME OF FATHER: Oscar Goodloe.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): unknown.
12. MAIDEN NAME OF MOTHER: — Weeks.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): unknown

14. INFORMANT (Address): Paul Q. Rogers, Liberty, Mo

15. FILED 1/10/31 19 ..... Wm H Goodman REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 14 1930

17. I HEREBY CERTIFY, That I attended deceased from March 1, 1928, to Dec 14, 1930 that I last saw her alive on Dec 14, 1930 and that death occurred, on the date stated above, at 7 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cancer of Breast
50 47
(duration) 3 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) ..... (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) F. H. Matthews, M. D.
12/15, 1930 (Address) Liberty 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: Fillmore, Mo
DATE OF BURIAL: 12/16/1930

20. UNDERTAKER: Church-Archer Co
ADDRESS: Liberty, Mo

WRITE PLAINLY, WITH UNFADING INK

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.