

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

Do not use this space.

33117

4051

1. PLACE OF DEATH

County Jackson
Township Law
City _____

Registration District No. _____
Primary Registration District No. _____
(No. 2112 Howard)

File No. _____
Registered No. _____
St. _____ Ward) _____

2. FULL NAME

(a) Residence, No. 2112 Howard St., _____ Ward.

(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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joseph A. Cox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 6, 1870</u>		
7. AGE YEARS <u>63</u>	MONTHS <u>3</u>	DAYS <u>8</u>
8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>Housekeeping</u>		
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)		11. Total time (years) spent in this occupation
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Berne Switzerland</u>		
13. NAME <u>Miller</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
15. MAIDEN NAME <u>Wm. Keown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Switzerland</u>		
17. INFORMANT (ADDRESS) <u>Ollis Maddox 225 W Johnson Jackson, Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Appleton City Crm</u> DATE <u>Oct 16</u> 19 <u>33</u>		
19. UNDERTAKER (ADDRESS) <u>Frank Lee Appleton City Mo</u>		
20. FILED <u>Oct 14</u> 19 <u>33</u> <u>m. m. Crowe</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 14 1933.

22. I HEREBY CERTIFY, That I attended deceased from Oct. 11, 1933, to Oct 14, 1933.
I last saw him alive on Oct. 13 1933. Death is said to have occurred on the date stated above, at 5:30 a.m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy Date of onset Oct 11 1933
Chronic Myocarditis?
Other contributory causes of importance:
Name of operation None Date of _____
What test confirmed diagnosis Clinical 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) F. E. Williams, M. D.
(Address) 1213 Paseo.

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.

NOV 10 1933

