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

Do not use this space.

4569

1. PLACE OF DEATH APR 8 1935

County Callaway — Registration District No. 104 — File No.

Township Fulton — Primary Registration District No. 5153 — Registered No. 53

City ..... (No. ..... St. ..... Ward)

2. FULL NAME William Floyd Cox

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

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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Ruth Hauf Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 29, 1897

7. AGE: YEARS 37 — MONTHS 10 — DAYS 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None
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): Missouri

FATHER

13. NAME: R. L. Cox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

MOTHER

15. MAIDEN NAME: Judy Fry
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

17. INFORMANT (ADDRESS): Mrs Tom Herring, Fulton, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Hams Prairie Cemetery DATE March 1, 1935

19. UNDERTAKER (ADDRESS): Leo G. Wallace, Fulton, Mo.

20. FILED Mar 1, 1935 R. N. Creus, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 2/28, 1935

22. I HEREBY CERTIFY, That I attended deceased from as coroner, 1932, to [illegible], 19..

I last saw h..... alive on 2/28/, 1935. Death is said to have occurred on the date stated above, at 7 A m.

The principal cause of death and related causes of importance were as follows:

Dislocated bones of neck
Hanged self by trace chain

Date of onset

Other contributory causes of importance:
Insane

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury ....., 19..

Where did injury occur? on farm of Mr Shasley (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. in neighborhood

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) C H Christian, M. D.

(Address) Coroner of Callaway Co Mo Fulton Mo

N. B.—Every item of i... CAUSE OF DEATH i... ...e stated EXACTLY. PHYSICIANS should state ...t statement of OCCUPATION is very important.

WRIT... A PERMANENT RECORD