

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

Do not use this space.

APR 2 1935

7944

**1. PLACE OF DEATH**

County ADAIR Registration District No. 4  
Township BENTON Primary Registration District No. 3001  
City KIRKSVILLE MO (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 48

**2. FULL NAME LEIGH FLEET COX**

(a) Residence, No. 207 S MARION ST 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) DIVORCED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF DIVORCED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT 10th 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
70 8 6 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. FARMER, RET  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. STOCK & GRAIN  
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation 40 years 65

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Xenia Ohio

13. NAME PETER PRESLEY COX

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

15. MAIDEN NAME DONT KNOW

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) OHIO

17. INFORMANT (ADDRESS) Chas L. Cox KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL PLACE MILANE MO DATE March 16 1935

19. UNDERTAKER (ADDRESS) DAVIS & WILSON KIRKSVILLE MO

20. FILED March 16 1935 Spence Freeman Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 16, 1935

22. I HEREBY CERTIFY, That I attended deceased from February 1935, to March 2nd, 1935  
I last saw him alive on March 16th, 1935. Death is said to have occurred on the date stated above, at 10 a.m.

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

Acute Cardiac failure Date of onset \_\_\_\_\_

Other contributory causes of importance:  
Chronic nephritis  
Senility

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? \_\_\_\_\_ 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) J. Woodson Leitch, M. D.  
(Address) 81-9 E. Illinois, Urbana, Mo

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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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