

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.

DEC 18 1935

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

Do not use this space.

35656

35 1. PLACE OF DEATH
 County Dunklin Registration District No. 282
 Township Union Primary Registration District No. 5401
 City (No.) St. (Ward)
 2. FULL NAME Ferd Cox
 (a) Residence, No. St. Ward.
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Leroy Cox
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 23-1875
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 6 5
 OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farming
 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) Ill.
 FATHER
 13. NAME William Cox
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.
 MOTHER
 15. MAIDEN NAME Sarah Born
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know
 17. INFORMANT Earl Cox
 (ADDRESS) Campbell mo. R 4
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bellamy DATE Nov, 29 1935
 19. UNDERTAKER None
 (ADDRESS)
 20. FILED 11-29-1935 Ed Rauden
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov, 28 1935
 22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1935, to Nov. 28, 1935
 I last saw him alive on Nov. 24, 1935 Death is said to have occurred on the date stated above, at H.P. m.
 The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia Date of cert. 11-23-35
 Other contributory causes of importance: 108
 Name of operation no Date of no
 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) Homer Beall, M. D.
 (Address) Malden Mo

