

APR 18 1936

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

Do not use this space.

10398

1. PLACE OF DEATH

County Henry Registration District No. 347
Township _____ Primary Registration District No. 3018
City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Henry L. Cox

(a) Residence, No. 303 W. Wilson 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 25 1856
7. AGE YEARS 80 MONTHS 0 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer
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) Henry Co Mo

13. NAME Lewis Cox

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

15. MAIDEN NAME Anna Walton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St Louis Mo

17. INFORMANT Mrs Sarah Cox (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Bethlehem DATE 3/14 36

19. UNDERTAKER Consular & Peak (ADDRESS) Clinton Mo

20. FILED 3-17-36 1936 J. R. Hamilton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 12 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec-12 1935 to March 11 1936
I last saw him alive on March-11 1936. Death is said to have occurred on the date stated above, at 2:00 P.M.
The principal cause of death and related causes of importance were as follows:

Myocarditis (Chronic) 1935
Erdocarditis (Chronic)

Other contributory causes of importance:

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? _____ 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) James D. Smith, M. D.
(Address) _____

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.

Smith

1936-3-12
1821-2-20

80-0-17