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

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.

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

52

Do not use this space.

33750

1. PLACE OF DEATH OCT 20 1936

County Buchanan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1221

City St Joseph Mo (No. State Hospital #2 St. Ward)

2. FULL NAME Victoria M. Cox

(a) Residence, No. Milan Mo St., Ward. Milan Mo.
(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 F — 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 Cal C Cox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-15 1866

7. AGE YEARS 70 MONTHS 3 DAYS 12 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

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) June 15 1866 Monroe Co. K. Y.

FATHER

13. NAME Samuel McPerson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) K. Y.

MOTHER

15. MAIDEN NAME Margaret Walker

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

17. INFORMANT (ADDRESS) State Hospital Records St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Milan, Mo DATE 9/28 1936

19. UNDERTAKER (ADDRESS) C A Schoene Milan Mo

20. FILED Sept 28 1936 H J Nestlebush Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 27, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 19, 1934 to Sept 27, 1936
I last saw her alive on Sept 27, 1936 Death is said to have occurred on the date stated above, at 4 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis — Date of onset Indep

93 C

Other contributory causes of importance:

age

Name of operation No — Date of

What test confirmed diagnosis? Clin — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No — Date of injury, 19
Where did injury occur? No (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 None

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

(Signed) E. E. Dekong BEM, M. D.
(Address) State Hosp No 2

20M-2-19-36 X7294

Kaden