

JUL 3 0 1937

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

Do not use this space.

Swinson

24225

1. PLACE OF DEATH

County Macon Registration District No. 535
Township Middlefork Primary Registration District No. 5719
City (No. _____) St. _____ Ward _____

2. FULL NAME

Mary Agnes Cox

(a) Residence, No. _____ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
72 11 5

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) Jefferson Co Penn.

13. NAME Adam R Buck

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

15. MAIDEN NAME Syria Miller

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

17. INFORMANT (ADDRESS) Frank M Cox Adams Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE June 9 1937

19. UNDERTAKER (ADDRESS) Chas Sklar Macon Mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1937

22. I HEREBY CERTIFY That I attended deceased from _____, 1937, to _____, 1937

I last saw h. Er. alive on June 4, 1937 Death is said to have occurred on the date stated above, at 4:30 a.m.

The principal cause of death and related causes of importance were as follows:
Gen. cerebral Arterio-sclerosis Date of onset 1935

Other contributory causes of importance:
Generalized Arterio-Sclerosis 1925

Name of operation _____ Date of _____

What test confirmed diagnosis? Chered 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. B. Turner, M. D.

(Address) Macon, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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

ALL INFORMATION CALLED
FOR MUST BE WRITTEN ON
THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Macon Registration District No. 635
 Township Middlefork Primary Registration District No. 5719
 City (No. _____) St. _____ Ward _____

File No. 24225
 Registered No. _____

2. FULL NAME

Mary Agnes Cox
 (a) Residence, No. _____ 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Moses L. Cox
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 2 1864
 7. AGE YEARS 72 MONTHS 11 DAYS 5 If LESS than 1 day, _____ hrs. or _____ min.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7 1937
 22. I HEREBY CERTIFY, that I attended deceased from _____ to June 7 1937
 I last saw her alive June 4 1937 Death is said to have occurred on the date stated above, at 4 A.M.
 The principal cause of death and related causes of importance were as follows:

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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 _____

Coronary Arteriosclerosis Date of onset 1935
 Other contributory causes of importance: Generalized Arteriosclerosis 1925

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson Penn

MOTHER 13. NAME Adam R. Boes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva Penn

15. MAIDEN NAME Lynia Miller

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Geneva Penn

17. INFORMANT Freda M. Cox (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Oakwood Cem DATE June 9 1937

19. UNDERTAKER Albert Skinner (ADDRESS) _____

20. FILED Oct. 25 1937 Gela King Registrar

Name of operation _____ Date of _____
 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) L. F. Jusman, M. D.
 (Address) Macon

24225