OCT 19 1937

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

Do not use this space.

File No. 34073
Registered No. 1165

1. PLACE OF DEATH
County Dallas
Township N. Benton
City Buffalo (No. ..., 2 St. ... Ward)

Registration District No. 241
Primary Registration District No. 5334

2. FULL NAME Jno. M. 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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 24 - 1855

7. AGE YEARS 82 MONTHS 5 DAYS 4 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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) Clear Creek Mo.

FATHER
13. NAME Unknown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

MOTHER
15. MAIDEN NAME "
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) "

17. INFORMANT (ADDRESS) Steve Cox Buffalo Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Pleasant Ridge DATE 9 - 29 1937

19. UNDERTAKER (ADDRESS) R. B. Jones Buffalo Mo

20. FILED 10/10 1937 Harvey Morrow Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9 - 28 1937

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ on 9-23-, 1938, to ..., 19...
I last saw him alive on 9-23-, 1938. Death is said to have occurred on the date stated above, at 3:30 a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Arteriosclerosis	unknown
Other contributory causes of importance:	
Chronic Nephritis	" "

Name of operation none Date of ✓
What test confirmed diagnosis? usual 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) G. C. Plummer, M. D.
(Address) Buffalo 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.