McNeil

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

REC'D AUG 26 1938

Do not use this space.
26161

1. PLACE OF DEATH
County Pettis — Registration District No. 668 — File No. 203
Township — Primary Registration District No. 3032 — Registered No. 668
City Sedalia (No. 1902 So. Washington St. Ward)

2. FULL NAME Mary Cox 200
(a) Residence, No. 1902 So. Wash. 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George B. Cox.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1851

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
87	0	1	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
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) Leesville Missouri

FATHER
13. NAME Ellison Renfro
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

MOTHER
15. MAIDEN NAME Mary Ann Crouch
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unkown

17. INFORMANT (ADDRESS) Mrs. Thomas E. Bell Sedalia, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Windsor, Mo. DATE July 3, 1938

19. UNDERTAKER (ADDRESS) Gillespie Funeral Home Sedalia, Mo.

20. FILED July 3, 1938 Jean Slack Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1/38, 19

22. I HEREBY CERTIFY, That I attended deceased from June 28, 1938, to July 1, 1938
I last saw her alive on July 1, 1938. Death is said to have occurred on the date stated above, at 10:30 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	June 28 1938
9 J W	

Other contributory causes of importance:
Senile dementia
arteriosclerosis
Chronic endocarditis

Name of operation none Date of none
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 none
(Signed) Chas. [illegible], M. D.
(Address) Sedalia 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.