

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

21928
Do not use this space.

1. PLACE OF DEATH

(a) County COOPER Registration District No. 218
 (b) Township..... Primary Registration District No. 3015
 (c) City BOONVILLE (d) Street No..... St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME STILLBORN INFANT OF MRS BESSIE COX

(a) Residence, No. 732 SIXTH STREET St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF SINGLE

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) JUNE 4 - 1939

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

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
 9. Industry or business in which work was done, as saw mill, bank, etc. INFANT
 10. Date deceased last worked at this occupation (month and year)..... 11. Total time (years) spent in this occupation.....

12. BIRTHPLACE (CITY OR TOWN) BOONVILLE (STATE OR COUNTRY) MISSOURI

FATHER 13. NAME ~~LESTER COX~~ UNKNOWN

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

MOTHER 15. MAIDEN NAME BESSIE STONE

16. BIRTHPLACE (CITY OR TOWN) COOPER COUNTY (STATE OR COUNTRY) MISSOURI

17. INFORMANT MRS BESSIE COX (ADDRESS) BOONVILLE, MO.

18. BURIAL, CREMATION, OR REMOVAL PLACE BOONVILLE CITY CORP. DATE JUNE 5 1939

19. FUNERAL DIRECTOR (NAME) STEGNER & KOENIG (ADDRESS) BOONVILLE MO.

20. FILED 6-5-39 Do Cooper (Address) 197
 (Licensed Registrar)

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 4th 1939

22. I HEREBY CERTIFY, That I attended deceased from June 4th 1939 to....., 19.....
 I last saw h..... alive on Still Born, 19..... Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:
Cause Unknown

Date of onset

Other contributory causes of importance:

Name of operation..... Date of.....
 What test confirmed diagnosis?..... 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) R. L. Evans, M. D.

RECORDED 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.

JUL 14 1939

RECEIVED
District Health Officer No. 8,
District File Number
Date Filed 7/13/39

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed.....

....., Licensed Embalmer No.....

....., P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.