

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

Do not use this space.

**1. PLACE OF DEATH**

County Barry Registration District No. 29 File No. 9443  
 Township Palmer Primary Registration District No. 5038 Registered No. 9443  
 City Marionville St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Anna Mae 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 F 4. COLOR OR RACE wh. 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Frank Cox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-3-1899

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
30 6

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
 (b) General nature of industry, business, or establishment in which employed (or employer)  
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

10. NAME OF FATHER J B Hopkins

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Barry Co Mo

12. MAIDEN NAME OF MOTHER Gene Postick

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Clade Co Mo

14. INFORMANT J B Hopkins (Address) Marionville

15. FILED Apr 19 1929 Mrs N.R. Williams REGISTRAR  
Dpte

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-9-1929

17. I HEREBY CERTIFY, That I attended deceased from 3/4/29 to 3/9/29, 1929, that I last saw her alive on 3/4/29, and that death occurred, on the date stated above, at 4:30 P.M.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Acute hemorrhagic following Child Birth  
12:15 P.M.  
1500 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 144B yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED  
 IF NOT AT PLACE OF DEATH \_\_\_\_\_

19. DID AN OPERATION PRECEDE DEATH? No DATE OF \_\_\_\_\_

20. WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS clinical  
 (Signed) St. Rouman, M. D.  
 , 19 (Address) Marionville, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Marionville DATE OF BURIAL 3-10-1929

20. UNDERTAKER Foran Funeral Service ADDRESS Marionville 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.

23 1929

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