

MAY 25 1934

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

Do not use this space.

13940

1. PLACE OF DEATH

County RayRegistration District No. 742Township RayPrimary Registration District No. 5977a

City (No. _____)

File No. _____

Registered No. _____

St. _____ Ward _____

2. FULL NAME Cordia 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) Single

6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 5, 18587. AGE YEARS 76 MONTHS 3 DAYS 15 If LESS than 1 day, hrs. or min. _____8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housework

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) Lafayette, La.13. NAME John Cox14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tringamento15. MAIDEN NAME Mary Ann Beyer Adams16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wilmington North Carolina17. INFORMANT (ADDRESS) Eugene Cox18. BURIAL, CREMATION, OR REMOVAL PLACE Yonkers DATE April 24, 193419. UNDERTAKER (ADDRESS) Ward20. FILED Apr 24, 1934 Edwin Shouse Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 23, 1934

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

I last saw him alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ am.

The principal cause of death and related causes of importance were as follows: _____

Date of onset _____

Acute Dilatation of Heart

Other contributory causes of importance: _____

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? _____

If so, specify _____

(Signed) E. B. Beyer, M.D.(Address) Richmond 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.

