

SEP 26 1930

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

Do not use this space.

27670

1. PLACE OF DEATH
County Ray Registration District No. 744.
To Richmond Primary Registration District No. 3035.
City Richmond (No.) St. Ward (....)

2. FULL NAME George William Cox
(a) Residence. No. Henry St. 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.

File No.
Registered No. 73
St. Ward (....)

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 ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 12 1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 0 0 35 min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) ✓
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Richmond
(STATE OR COUNTRY) Ray co. mo.

10. NAME OF FATHER Harold Cox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) England
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Clara Muffin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Marshall mo.
(STATE OR COUNTRY)

14. INFORMANT Harold Cox
(Address) Richmond mo.

15. FILED Aug 13, 30 REGISTRAR E. E. Fay

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug. 12, 1930

17. I HEREBY CERTIFY, That I attended deceased from 12:50 p.m. July 12, 1930, to 7:15 p.m. Aug. 12, 1930 that I last saw him alive on Aug. 12, 1930, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asphyxiation
Cerebral hemorrhage
160B
161D (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) prolonged labor, mother and malposition (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH 161B

0 DID AN OPERATION PRECEDE DEATH? no DATE OF

1 WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Physical findings
(Signed) J. W. Guffin M. D.

Aug 12, 19 30 (Address) Richmond, 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 Sunny Slope DATE OF BURIAL 8-12 1930

20. UNDERTAKER A. W. Mansel ADDRESS Richmond mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN'S SIGNATURE is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

