

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

Do not use this space.

19033

1. PLACE OF DEATH

County Ray Registration District No. 744
 Township Richmond Primary Registration District No. 3035
 City Richmond (No. _____) St. _____ Ward _____

File No. _____
 Registered No. 53

2. FULL NAME Infant Daughter of Mr. Wm. Harold 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Fe 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED single
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1931

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Richmond Mo.

13. NAME Harold Cox

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

15. MAIDEN NAME Clara Griffin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. Mo.

17. INFORMANT Harold Cox
 (ADDRESS) Richmond

18. BURIAL, CREMATION, OR REMOVAL PLACE Richmond Mo. DATE 5-23-31

19. UNDERTAKER C. J. Jiner
 (ADDRESS) Richmond Mo.

20. FILED May 18, 1931 C. B. Jiner Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 16, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 16, 1931, to May 16, 1931.
 I last saw h. or alive on May 16, 1931. Death is said to have occurred on the date stated above, at 2 p. m.
 The principal cause of death and related causes of importance were as follows:

Premature child, 7 mo. Date of onset May 16, 1931

Other contributory causes of importance:

mother suffered from nephritis with ascites and edema near 1931

Name of operation _____ Date of _____
 What test confirmed diagnosis? physical 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) Harry M. Sutton, M. D.
 (Address) Richmond, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JUN 29 1931

