

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD APR 24 1933

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

Do not use this space.

1. PLACE OF DEATH

18 County Monticure
Township Pilot Grove
City (No.)

Registration District No. 577
Primary Registration District No. 577.5

File No. 10393
Registered No. 2
St. Ward

2. FULL NAME

Carl Lee 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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 24-1932

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>8</u>	<u>25</u>	

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) Monticure Co.

FATHER 13. NAME John Cox

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

MOTHER 15. MAIDEN NAME Mildred Allen

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

17. INFORMANT John Cox (ADDRESS) California

18. BURIAL, CREMATION, OR REMOVAL PLACE Flag Spring DATE 3/20 1933

19. UNDERTAKER Hellman & Fried Meyer (ADDRESS) California Mo.

20. FILED 4-10 1933 J. W. Roberts Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-19-1933

22. I HEREBY CERTIFY, That I attended deceased from 2-28-1933 to 3-19-1933

I last saw him alive on 2-28-1933 Death is said to have occurred on the date stated above, at 5A m.

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

Influenza Date of onset

109A 1/10

Other contributory causes of importance: Pneumonia

Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide?

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. H. R. Poppey M. D. (Signed) California Mo. (Address)

