

PLACE OF DEATH

Washington State Board of Health

County of Chelan

BUREAU OF VITAL STATISTICS

Record No. 1City or Town of Wenatchee

CERTIFICATE OF DEATH

Registered No. 2Registration Dist. No. 1 No. 1

(If death occurred in a hospital or institution, give its NAME instead of street and number)

2. FULL NAME Henry Thomas Cox(a) Residence No. 315 N. Mission St.
(Usual place of abode)

(b) If non-resident, give city or town, and state

(c) How long in
Registration Dist. 22 yrs. 2 mos. 0 ds.; how long in U. S. if of foreign birth 200 yrs. 0 mos. 0 ds.

Personal and Statistical Particulars

3. Sex male 4. Color or Race white 5. Single, Married, Widowed or Divorced (Write the word) married

5. (a) If married, widowed or divorced:

Husband of Katie C Coxor
Wife of6. Date of birth March 23 1889
(Month) (Day) (Year)7. Age 73 yrs. 9 mos. 9 ds. If less than one day
hrs. or min.8. Occupation of deceased:
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9. Birthplace (City or town) Marshalltown
(State or country) Iowa10. Name of Father Thomas Cox
11. Birthplace of Father (City or town) unobtainable
(State or Country)
12. Maiden name of Mother Eveline Tandy
13. Birthplace of Mother (City or town) unobtainable
(State or Country)14. Informant Mrs. Katie C Cox
Address Wenatchee Wash.15. Filed Jan 3 1923 Carroll Chapin
Registrar

I HEREBY CERTIFY, upon honor, That I have made the effort but was unable to secure answers to questions.

(Insert numbers of unanswered questions) 13 13

Medical Certificate of Death

16. Date of death Jan 2 1923
(Month) (Day) (Year)17. I HEREBY CERTIFY, That I attended deceased from Dec 20 1922 to Jan 2 1923
that I last saw him alive on Jan 2 1923and that death occurred on the date stated above, at m.
(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).The CAUSE OF DEATH was as follows:
(Primary) Chronic nephritis with arterio sclerosisCONTRIBUTORY (Secondary) Acute Dilatation of Heart
(Duration) 2 yrs. 0 mos. 0 ds.(Duration) 1 yrs. 0 mos. 0 ds.18. Where was disease contracted
If not at the place of death?(a) Did an operation precede death? No Date of(b) Was there an autopsy? No(c) What test confirmed diagnosis? See report(Signed) WenatcheeJan 3 1923 Address Wenatchee19. Place of Burial, Cremation or Removal Valley View Cemetery Date of Burial Jan 8 192320. Undertaker Jones & Jones Address Wenatchee11-13 Jones & Jones

(Signature of Undertaker)

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD.
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.