

Cox, Paul 1917 - 1944



**Form V. S. 1-A**  
 DEPARTMENT OF COMMERCE  
 Bureau of the Census

**COMMONWEALTH OF KENTUCKY**  
 Department of Health  
 BUREAU OF VITAL STATISTICS  
**CERTIFICATE OF DEATH**

State File No. **18430**  
 Registrar's No. **4099**  
 Registration District No. **756** Primary Registration District No. **2278**

**1. PLACE OF DEATH:**  
 (a) County Jefferson  
 (b) City or town Harrisonville 14  
 (c) Name of hospital or institution General Hospital  
 (d) Length of stay: In hospital or community \_\_\_\_\_ (years, months or days)

**2. USUAL RESIDENCE OF DECEASED:**  
 (a) State Kentucky (b) County Scott  
 (c) City or town Leighton 19  
 Street No. Route 1  
 105 (If rural give precinct) (If foreign born, how long in U. S. A.? \_\_\_\_\_ year)

**3(a) FULL NAME** Paul Cox  
 3(b) If veteran, Name war ✓ 3(c) Social Security No. \_\_\_\_\_

**4. Sex** male 5. Color or race white 6(a) Single, widowed, married, divorced single

6(b) Name of husband or wife \_\_\_\_\_  
 6(c) Age of husband or wife if alive \_\_\_\_\_ Years

7. Birth date of deceased Jan - 27 1917  
 (Month) (Day) (Year)

8. AGE: Years 27 Months 3 Days \_\_\_\_\_ If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace Scott County  
 10. Usual occupation farmer  
 11. Industry or business \_\_\_\_\_

**FATHER**  
 12. Name John Thomas Cox  
 13. Birthplace Scott County

**MOTHER**  
 14. Maiden name Catherine Glegg  
 15. Birthplace Cover Kentucky

16(a) Informant's own signature Mrs Anna Danahy  
 (b) Address 2708 Pinckney Ave. Louisville

**17. BURIAL, CREMATION, OR REMOVAL**  
 Place Leighton Date Aug 30 1944

18(a) Signature of funeral director John W. Moore  
 (b) Address John W. Moore  
 19(a) SEP 2 1944 (Date received by local registrar)

**MEDICAL CERTIFICATION**  
 20. DATE OF DEATH 8-28 1944  
 21. I hereby certify that I attended the deceased from 8-25 1944 to 8-28 1944 that I last saw him alive or stated above at 9:40 A. M.  
 Immediate cause of death myocardial infarction & multiple metastatic abscesses to brain & kidneys DURATION \_\_\_\_\_  
 Due to Rheumatic Heart Disease  
 Other conditions \_\_\_\_\_ (include pregnancy within 3 months of death)  
 Major findings: Myocardial infarction & multiple metastatic abscesses to brain & kidneys  
 Of operations and kidneys  
 Of autopsy (1) secondary meningitis (2) Rheumatic Heart Disease

22. If death was due to external causes, fill in the following: 950-1147  
 (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
 (b) Date of occurrence \_\_\_\_\_  
 (c) Where did injury occur? in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)  
 (d) Was it at work? John W. Moore  
 (e) Signature John W. Moore (M. D. or other) \_\_\_\_\_  
 Address \_\_\_\_\_ (If signed)

**Louisville General Hospital**

**N. B.—WRITE PLAINLY WITH UNFADING INK.—THIS IS A PERMANENT RECORD. 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.**