

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

Do not use this space.

**1. PLACE OF DEATH**

County Jasper  
Township  
City Carthage (No. ....)

Registration District No. 408  
Primary Registration District No. 3620

File No. 27517  
Registered No. ....  
St. .... Ward)

**2. FULL NAME** Charles Frederick Rex

(a) Residence. No. 1128 S Main St., Ward. ....  
(Usual place of abode)

Length of residence in city or town where death occurred 6 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

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

Male | White | married

5A. ~~Married, Widowed, or Divorced~~  
HUSBAND OF  
(or) WIFE OF

Cora W. Rex

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 11 - 1879

7. AGE      YEARS      MONTHS      DAYS      IF LESS than 1 day, .... hrs. or .... min.  
48      7      15

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Jasper  
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER John W. Rex

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

12. MAIDEN NAME OF MOTHER Lezie Bond

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

14. INFORMANT Mrs. Cora Rex  
(Address) Carthage Mo

15. FILED Sept 27 1927 S. B. Clinton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 26 1927

17. I HEREBY CERTIFY, That I attended deceased from Sept 24, 1927, to Sept 26, 1927 that I last saw h. .... alive on .... 19...., and that death occurred, on the date stated above, at 7:40 a. m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Peritonitis  
1214  
107

CONTRIBUTORY (SECONDARY) Appendicitis  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH, (duration) .... yrs. .... mos. .... ds.

8 DID AN OPERATION PRECEDE DEATH? DATE OF.....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Alvin F. Lee, M. D.

, 19 (Address) Carthage 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 Jasper Cemetery DATE OF BURIAL 9-27 1927

20. UNDERTAKER Ulmer Wrode ADDRESS Carthage

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.

PERMANENT RECORD

ACT 26 1927

