

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

Do not use this space.

30223

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.

61.1927

**PLACE OF DEATH**

County Jackson  
Township Plus  
City Independence (No. ....)

Registration District No. 398  
Primary Registration District No. 2019

File No. ....  
Registered No. 261  
St. .... Ward)

**2. FULL NAME**

William Frank Fox  
(a) Residence. No. 126 So Pleasant 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 Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March? - 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hr. min.  
About 70 years

**8. OCCUPATION OF DECEASED**

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

9. BIRTHPLACE (CITY OR TOWN) Cincinnati  
(STATE OR COUNTRY) Ohio

10. NAME OF FATHER William Fox

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

12. MAIDEN NAME OF MOTHER Carrie Carr

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

14. INFORMANT F. Brightman  
(Address) Independence Mo

15. FILED Oct 8, 1927 F. S. Cook  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7 19 27

17. Deputy Coroner  
I HEREBY CERTIFY, That I attended deceased from ....., 19 ....., to ....., 19 .....,

that I last saw him ..... alive on ....., 19 ....., and that death occurred, on the date stated above, at ....., m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Penetration into stomach  
due to Carcinoma  
46B

(duration) yrs. mos. da.  
1030 Carcinoma of Stomach  
CONTRIBUTORY (SECONDARY)

(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED 44 B  
IF NOT AT PLACE OF DEATH, .....

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy  
(Signed) Henry Carbaugh, M. D.

(Address) Deputy Coroner

\*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 Woodlawn Cem DATE OF BURIAL 10-10-27

20. UMBERTAKER Call Harrison ADDRESS 107 S. 2nd St. Ind. Mo

