22 1928

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

Do not use this space. 29737

1. PLACE OF DEATH

County Buchannan — Registration District No. 85 — File No.

Township — Primary Registration District No. 1001 — Registered No. 1043

City St. Joseph. (No. 2701 Delaware St. St. Ward)

2. FULL NAME Malindia Fox.

(a) Residence. No. 2701 Deleware Street. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White.
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 13, 1837.

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
91	3	18	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None.
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Centerville
(STATE OR COUNTRY) Iowa.

PARENTS

10. NAME OF FATHER Charles Stephens.
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Iowa.
12. MAIDEN NAME OF MOTHER Unknown.
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown.
(STATE OR COUNTRY) Unknown.

14. INFORMANT James M. Fox.
(Address) 2701 Delaware St.

15. FILED SEP 1 1928, 19 John G. Utz, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 1 1928

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to Sep 1, 1928, that I last saw her alive on Aug 20, 1928, and that death occurred, on the date stated above, at 3:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Endocarditis
12A
12
Iowa
(duration) yrs. 1 mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? ✓
DID AN OPERATION PRECEDE DEATH? no. DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B W Goodhalen, M. D
9/1/, 1928 (Address) St Joseph 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: Ashland Cemetery.
DATE OF BURIAL: Sept 3 1928

20. UNDERTAKER: H O Sidenfaden
ADDRESS: 1802 Union St.

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.