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

Do not use this space.

30594

1. PLACE OF DEATH U.S.V.Hosp #67
County Jackson — Registration District No. 399 — File No. 6345
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas City, Mo. (No. U.S. Veterans Hosp. St. Ward)

2. FULL NAME FOX, John Harry — C-1 349 059 USVB
(a) Residence. No. 624 South Dakota Ave., St., Ward. Pvt. Co F 8th Inf. U.S.A.
(Usual place of abode) Sioux Falls, S Dakota. (If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 17, 1888

7. AGE — YEARS: 40 — MONTHS: — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED — 127B 91A
(a) Trade, profession, or particular kind of work Laundry
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) New York City
(STATE OR COUNTRY)

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

14. INFORMANT Hospital Records.
(Address) K. C. Mo

15. FILED Sept 18 1928 M. M. Crowe Asst REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) September 18 1928

17. I HEREBY CERTIFY, That I attended deceased from June 18, 1928, to Sept. 18, 1928, that I last saw him alive on Sept. 18, 1928 and that death occurred, on the date stated above, at 1 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cholecystitis, Sub-Acute.
88a
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Endocarditis Septic Acute
(duration) yrs. mos. 30 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? Unknown
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 7-19-28; 9-11-28.
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Operation

(Signed) W.E. Chambers M.D
W.E. CHAMBERS, Medical Officer in Charge.
19 (Address) U.S.V.Hosp. #67 Kansas City, 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: Sioux Falls S.Dak — DATE OF BURIAL: 9/18 1928

20. UNDERTAKER: The Taylor Funeral Home Inc — ADDRESS

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.