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.

C 27 1928

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

Do not use this space.

36744

1. PLACE OF DEATH
County Harwell Co
Township Willow Spgs
City (No. ..... St. ..... Ward)

Registration District No. 385
Primary Registration District No. 5536

File No.
Registered No. 31

2. FULL NAME Daniel L. Fox

(a) Residence. No. ..... 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. 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~~: Mrs. D. L. Fox

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Jan 18 - 1853

7. AGE: Years 75 | Months 10 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Retired R.R. man
(b) General nature of industry, business, or establishment in which employed (or employer): Railroading
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

PARENTS
10. NAME OF FATHER: James Fox
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): England
12. MAIDEN NAME OF MOTHER: Dont Know
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): England

14. INFORMANT: C R Fox
(Address) Willow Spgs. Mo

15. FILED 11/20, 1928 J B Ferguson REGISTRAR

2

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 20 1928

17. I HEREBY CERTIFY, That I attended deceased from 11-19, 1928, to 11-20, 1928, that I last saw h. ~~alive~~ alive on 11-20, 1928, and that death occurred, on the date stated above, at 11:21 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
108 87 101 a
(duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): Paralysis agitans
(duration) 6 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH: At place of death
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical findings
(Signed) J. C. B. Davis, M. D
11/23, 1928 (Address) Willow Springs 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: City Cem.
DATE OF BURIAL: Nov. 23 1928

20. UNDERTAKER: T R Burns
ADDRESS: Willow Spgs Mo