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

Do not use this space.

18926

1. PLACE OF DEATH
County: Pike
Township: Spencer
City: Louisiana (No. ..... St. ..... Ward)

Registration District No. 686
Primary Registration District No. 5913

File No. .....
Registered No. 12

2. FULL NAME: EDWIN 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: M.
4. COLOR OR RACE: W.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 1 1859

7. AGE: Years 72 | Months 3 | Days 22 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Fire Clay Co.
10. Date deceased last worked at this occupation (month and year) .....
11. Total time (years) spent in this occupation .....

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike County

FATHER

13. NAME: Richard P. Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Susan H. Fox
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Charlie Gibbs

18. BURIAL, CREMATION, OR REMOVAL
PLACE: New Harmony DATE: May 25 31

19. UNDERTAKER (ADDRESS): W. J. Wade Mo.

20. FILED: 9-8, 1931 D. J. Elmore Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 23, 1931

22. I HEREBY CERTIFY, That I attended deceased from May 21, 1931, to May 23, 1931
I last saw h... alive on May 21, 1931. Death is said to have occurred on the date stated above, at 12:4... m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Dilatation of Heart	
G. O.	

Other contributory causes of importance: Mitral Regurgitation
Bronchial Asthma

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? .....

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? ..... Date of injury ....., 19.....
Where did injury occur? .....
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
.....
Manner of injury .....
Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....
If so, specify .....
(Signed) J. R. Shryll, M. D.
(Address) Curryville Mo.