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.

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

Do not use this space.

21610

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No.

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. Evangelical Hospital St. [illegible] Ward)

2. FULL NAME John Fox

(a) Residence. No. 5214 Woodland St., 15 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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. Sabina Fox

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 19 1844

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
86	8	4	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired (9 years)

(b) General nature of industry, business, or establishment in which employed (or employer): Live Stock Agent

(c) Name of employer: Rock Island R. R.

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

PARENTS

10. NAME OF FATHER: Thomas Fox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

12. MAIDEN NAME OF MOTHER: Sarah Moffatt

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland

14. INFORMANT (Address): John L. Fox, 5214 Woodland

15. FILED 6/24 1931 M. M. Crowe asst. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 23 1931

17. I HEREBY CERTIFY, That I attended deceased from 16th June, 1931, to June 23, 1931, that I last saw him alive on June 23, 1931, and that death occurred, on the date stated above, at 8:05 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho pneumonia

107A

91A (duration) yrs. mos. 7 ds.

CONTRIBUTORY (SECONDARY): Acute Endocarditis

(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Physical, Clinical

(Signed) Howard B. Clark, M. D

6/24, 1931 (Address) 1223 Professional Bldg

*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: Stuart, Iowa — DATE OF BURIAL: 6/25/31

20. UNDERTAKER: Quirk & Tobin--20 W Linwood — ADDRESS

[illegible]