

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.

43040

1. PLACE OF DEATH

County.....

Registration District No. *72*

Township.....

Primary Registration District No. *1005*

City *St. Louis, Mo.* (No. *city*)

File No.

Registered No. *916*

St.

Ward)

2. FULL NAME *Chas. Fox*

(a) Residence, No. *1307 Morgan*

(Usual place of abode)

St. *25*

Ward.

(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 *Mary Fox*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-25-1866*

7. AGE YEARS *65* MONTHS *9* DAYS *6* If LESS than 1 day, hrs: or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Lather*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) *Aug 11, 30* 11. Total time (years) spent in this occupation *25 yrs.*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

MOTHER 13. NAME *Isaac Fox*

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Kentucky*

15. MAIDEN NAME *Lucinda Moore*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ill.*

17. INFORMANT *Mary Fox* (ADDRESS) *1307 Morgan*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Sunset Hill* DATE *Jan 3, 1931*

19. UNDERTAKER *J. H. Rudge Harrisburg, Ill.* (ADDRESS) *1111 ...*

20. FILED *Jan 3, 1931* Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *12-31-1931*

22. I HEREBY CERTIFY, That I attended deceased from *12-17-1931*, to *12-31-1931*

I last saw him alive on *12-31-1931* Death is said

to have occurred on the date stated above, at *11:57 p.m.*

The principal cause of death and related causes of importance were as follows:

Carcinoma of Right Eye
53 1/2
53 1/2 79A

Other contributory causes of importance: *Simple Meningitis (non-meningococcal)*

Name of operation *Resection of Rt. Eyeball* Date of *12-29-31*

What test confirmed diagnosis? *Autopsy* Was there an autopsy? *Yes*

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) *Raymond Frank* M. D. (Address) *City Hospital*

