

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

Do not use this space.

2110

1. PLACE OF DEATH

County Randolph Registration District No. 735
 Township Primary Registration District No. 3034
 City Moberly (No. 11542 & Coates) St. Ward
2. FULL NAME Thomas L. Fox
 (a) Residence. No. 11542 & Coates 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.

File No.
 Registered No. 256
 St. Ward

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22nd 1865
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
66 7 26
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Retired
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Md. 2
 (STATE OR COUNTRY)
 10. NAME OF FATHER Peter F Fox
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ireland 15
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Ellen Roach
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Pa 2
 (STATE OR COUNTRY)

14. INFORMANT Sus Geisel
 (Address) Moberly, Mo

15. FILED 1/20 1932 Thos B. Fleming
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 18th 1932
 17. I HEREBY CERTIFY, That I attended deceased from Dec. 16 1931, to Jan. 18 1932, that I last saw him alive on Jan. 18 1932, and that death occurred, on the date stated above at 9:15 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

apoplexy

(duration) 1 1/2 yrs. mos. ds.
 CONTRIBUTORY arterial Hypertension
 (SECONDARY) (duration) several yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.
 DID AN OPERATION PRECEDE DEATH? no DATE OF (1)
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS? Chinical
 (Signed) R. E. Huber, M. D.
 , 19 (Address) Moberly, 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 Moberly, Mo DATE OF BURIAL Jan 20th 1932

20. UNDERTAKER Mahon and Sow ADDRESS Moberly Mo.

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. FEB 25 1932

