

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.

JAN 1933

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

Do not use this space.

38853

1. PLACE OF DEATH

County Stone Registration District No. 844
 Township Concepcion Primary Registration District No. 6107
 City (No.) St. Ward

File No. _____

Registered No. 4

2. FULL NAME Myrtle Fox

(a) Residence, No. _____ St. _____ Ward. _____
 (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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 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 Elmer Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 15-1898

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 4 13

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

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) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

13. NAME Walter Wells

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

15. MAIDEN NAME Emma Jane Martin

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.

17. INFORMANT Alfred Wells
 (ADDRESS) Ozark, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Highlandville DATE Nov 29, 1933

19. UNDERTAKER J. W. Maples
 (ADDRESS) Ozark, Mo.

20. FILED 11-29-1933 Ole Nagers
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 28, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov. 24, 1933, to Nov 28, 1933

I last saw her alive on Nov 28, 1933. Death is said to have occurred on the date stated above, at 3:30 p. m.

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

Acute nephritis following
Emphysema and
Endocarditis
115A
127B
130
 Other contributory causes of importance: 130

Date of onset

Name of operation None 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. F. Wade, M. D.

(Address) Ozark, Mo.

