

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

Do not use this space.

458

1. PLACE OF DEATH

County Carroll, Registration District No. 139
Township Stokesmound Primary Registration District No. 4079
City Tina, (No. _____) St. _____ Ward _____

2. FULL NAME

William Jessie 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 M	4. COLOR OR RACE W	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married,		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Flora Munson Fox.				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3, 1960				
7. AGE	YEARS 73	MONTHS 6	DAYS 28	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. Retired Farmer			
	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) Ill.				
FATHER	13. NAME David Fox.			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.			
MOTHER	15. MAIDEN NAME Julia Beivens,			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.			
17. INFORMANT Mrs. Flora Fox (ADDRESS) Tina, Missouri.				
18. BURIAL, CREMATION, OR REMOVAL PLACE RockBranch DATE Feb. 2nd 1934				
19. UNDERTAKER Clifford W. Austin, (ADDRESS) Tina, Mo.				
20. FILED Feb 2, 1934 Mrs. Luke Perry Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Jan. 31, 1934**

22. I HEREBY CERTIFY, That I attended deceased from Jan., 1934, to Jan. 31,, 1934.
I last saw heart alive on Jan. 29,, 1934. Death is said to have occurred on the date stated above, at 7:45 A.M.

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

Carcinoma of the Axillary Lymph Glands with involvement of the mediastinal lymph tissue

Date of onset
2 yrs ago.

Other contributory causes of importance:

None

BB

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? **no**

If so, specify _____

(Signed) *Mrs. Kropf*

(Address) *Tina, Mo.*

WRITING 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.

1027 1934

