

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. ✓

MAR 24 1934

4768

1. PLACE OF DEATH

County Jackson Registration District No. 398  
Township Blue Primary Registration District No. 3919  
City Independence (No. Indep. Sanitarium) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Edg. Fox

(a) Residence, No. Indep. Route 4 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Single</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov. 16 - 1877</u>		
7. AGE	YEARS <u>56</u>	MONTHS <u>2</u>
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, Sawyer, bookkeeper, etc. <u>House work</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	11. Total time (years) spent in this occupation.	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson Co. Missouri</u>		
FATHER	13. NAME <u>Charles Fox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Tenn</u>	
MOTHER	15. MAIDEN NAME <u>Sarah Land</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jackson County Missouri</u>	
17. INFORMANT (ADDRESS) <u>John Fox White 4 Indep. mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Blue Springs</u> DATE <u>Feb 10 1934</u>		
19. UNDERTAKER (ADDRESS) <u>George C. Carson Independence Mo.</u>		
20. FILED <u>Feb. 9 1934</u> <u>Dr. F. L. Cook</u> Registrar.		

✓ MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 8, 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 36 to Feb 7th, 1934  
I first saw her alive on Feb 7th, 1934 Death is said to have occurred on the date stated above, at 10 a.m.  
The principal cause of death and related causes of importance were as follows:  
Lobar pneumonia Date of onset 1/20/34  
109  
131  
100  
Other contributory causes of importance  
Nephritis (Chronic) (3)

Name of operation Chronic symptoms Date of \_\_\_\_\_  
What test confirmed diagnosis? Laboratory Was there an autopsy? No

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) J. M. Agee, M. D.  
(Address) Independence Mo

