

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

Do not use this space.

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 300.6
 City Columbia (No. _____) St. _____ Ward _____

File No. 23207
 Registered No. 187

2. FULL NAME Julius Eugene Fox

(a) Residence, No. 611 N 6th St 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 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 Single

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 7, 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
49 9 19

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

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

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) Boone Co., Mo.

13. NAME C. W. Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

15. MAIDEN NAME Martha Ellen Bennett

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Boone Co., Mo.

17. INFORMANT Walter Fox (ADDRESS) 611 N 6th St

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia DATE July 28th 1934

19. UNDERTAKER R. H. Bennett (ADDRESS) Columbia, Mo.

20. FILED 7/27/34 1934 Allie Selby Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 26th 1934

22. I HEREBY CERTIFY, That I attended deceased ~~from~~ after death, 19July - 26 -, 1934
 I last saw him alive on July 22, 1934 Death is said to have occurred on the date stated above, at 7:40 A.M.

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

Other contributory causes of importance:
Arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? No Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? No 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) W. D. DeLoach, M. D.
 (Address) Columbia, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 18 1934

