

JAN 25 1936

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

Do not use this space.

43017

1. PLACE OF DEATH
County St. Louis Registration District No. -1123
Township Primary Registration District No. 6248 B
City Jefferson Barracks (No. Veterans Administration Facility) St. Ward)

2. FULL NAME FOX, Harrison B.
(a) Residence, No. R. #1. Ellington, Missouri Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred Un yrs. kno mos. wn ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 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 Grace Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 11, 1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
43 1 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Own Farm
10. Date deceased last worked at this occupation (month and year) March 1935 11. Total time (years) spent in this occupation Life

12. BIRTHPLACE (CITY OR TOWN) Piedmont,
(STATE OR COUNTRY) Missouri

13. NAME Unavailable

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

15. MAIDEN NAME Unavailable

16. BIRTHPLACE (CITY OR TOWN) Unavailable
(STATE OR COUNTRY) Unavailable
A. J. Schulz, M. D.

17. INFORMANT (ADDRESS) Vet. Adm. Facility, Jeff. Brks., Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Ellington, Mo. DATE Dec. 20, 1935

19. UNDERTAKER C. Hoffmeister Und. & L. Co.
(ADDRESS) 7814 S. Broadway, St. Louis, Mo.

20. FILED Dec. 18, 1935 J. Mowery
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) December 17, 1935

22. I HEREBY CERTIFY, That I attended deceased from November 13, 1935 to December 17, 1935
I last saw him alive on December 17, 1935 Death is said to have occurred on the date stated above, at 7:30 P.
The principal cause of death and related causes of importance were as follows:

Tuberculosis, pulmonary, chronic active, far advanced. Date of onset Unkn.

Other contributory causes of importance: None

Name of operation None Date of operation
Physical, history, x-ray & lab. findings
What test confirmed diagnosis? Was there an autopsy? No
Clinical manifestations.

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) A. J. Schulz, M. D.
(Address) A. J. Schulz, M. D., Act.
Chief Med. Officer, Jeff. Brks., Mo.

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.

