

MAY 19 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

9688

1. PLACE OF DEATH

County Cass Registration District No. 158
Township Raymore Primary Registration District No. 4092
City Raymore (No.) St. Ward)

File No.
Registered No.

2. FULL NAME Henry Fox

(a) Residence, No. 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>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Berlinda Fox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-10-189</u>		
7. AGE	YEARS <u>76</u>	MONTHS <u>7</u>
	DAYS <u>21</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>Harness Master</u>	
	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) <u>3-15-36</u>	11. Total time (years) spent in this occupation <u>life</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Prussia</u>		
FATHER	13. NAME <u>Jacob Fox</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Germany</u>	
MOTHER	15. MAIDEN NAME <u>Harris Beaber</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Alsace Lorraine</u>	
17. INFORMANT <u>Mrs Berlinda Fox</u> (ADDRESS) <u>Raymore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Raymore</u> DATE <u>4-3</u> 19 <u>36</u>		
19. UNDERTAKER <u>B. K. George & Sons</u> (ADDRESS) <u>Raymore</u>		
20. FILED <u>April 3, 1936</u> <u>Mrs. Bettrude Jeter</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 31, 1936

22. I HEREBY CERTIFY, That I attended deceased from Mar 16, 1936, to Mar 31, 1936
I last saw him alive on Mar 31, 1936. Death is said to have occurred on the date stated above, at 10:30 am.
The principal cause of death and related causes of importance were as follows:
Influenza
11B
Other contributory causes of importance:
hypertension and
Prostatitis

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?
If so, specify
(Signed) R. M. Miller, M. D.
(Address) Belton 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.

