

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.

JUL 21 1936

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

Do not use this space.

22856

1. PLACE OF DEATH

County Jackson  
Township Kan  
City Kansas City (No. 42)

Registration District No. 399  
Primary Registration District No. 1002

File No. ....  
Registered No. 2785  
St. .... Ward)

2. FULL NAME

(a) Residence, No. 14000 Indiana Ward. ....  
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. 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 Willie Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 25-1864

7. AGE YEARS 72 MONTHS 2 DAYS 12 IF LESS than 1 day, .... hrs. or .... min.

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

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

10. Date deceased last worked at this occupation (month and year) 1-25 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Independence Mo

13. NAME James Fox

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

15. MAIDEN NAME unk Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Deputy Clerk 72 C Gen Hosp KCMO

18. BURIAL, CREMATION, OR REMOVAL PLACE mt Wash DATE June 10, 1936

19. UNDERTAKER (ADDRESS) D. W. Newcomb Sons Kansas City Mo.

20. FILED 6/9 1936 m. m. Cron Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-8 1936

22. I HEREBY CERTIFY, That I attended deceased from 6-1 1936 to 6-8 1936

I last saw deceased alive on 6-8 1936 Death is said to have occurred on the date stated above, at 5:42 PM

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

Hypertrophy of Heart Chronic nephritis

Other contributory causes of importance: Pneumonia Bronch

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury .....

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) J. H. Jones, M. D.

(Address) 72 C Gen Hosp

