

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.

**AUG 5 1936**

25495

1. PLACE OF DEATH  
 County Boone Registration District No. 73  
 Township Columbia Primary Registration District No. 3006  
 City Columbia (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME MARTHA ELLEN FOX  
 (a) Residence, No. 611 N 6th St 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**

**MEDICAL CERTIFICATE OF DEATH**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED  
 HUSBAND OF \_\_\_\_\_  
 (OR) WIFE OF C W FOX

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 30 1863

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_hrs. or \_\_\_\_\_min.  
72 7 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None

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) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

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

FATHER  
 13. NAME Salup Bennett  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dart Knott

MOTHER  
 15. MAIDEN NAME Elizabeth Dozier  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Alabama

17. INFORMANT Walter Fox  
 (ADDRESS) Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Columbia Co Mo DATE July 16 1936

19. UNDERTAKER R. Wilson  
 (ADDRESS) \_\_\_\_\_

20. FILED 7/15/1936 Allee Selby  
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 14th 1936

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_  
 I last saw him already dead, 19\_\_\_\_. Death is said to have occurred on the date stated above, at 11:45P m.  
 The principal cause of death and related causes of importance were as follows:  
Heat prostration Date of onset 7-14-36  
I had attended Mr. Fox for several years; but not last night.  
 Other contributory causes of importance:  
Myocarditis chronic  
Several years

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ 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? Home  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury None  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No  
 If so, specify \_\_\_\_\_  
 (Signed) W. P. Dwyer M. D.  
 (Address) Columbia Mo.

