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.

AUG 15 1936

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

Do not use this space.

25692

1. PLACE OF DEATH
County Butler — Registration District No. 1089 — File No. 2
Township ~~Shiloh~~ Ann Creek — Primary Registration District No. 5136 — Registered No. 6136
City Elsinore R#1 (No. ..... , ... St. ..... Ward)

2. FULL NAME William Hardy Box
(a) Residence, No. Elsinore R#1 St., ... Ward. ..... (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 78 yrs. 11 mos. 5 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~~ husband of Mollie Box

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1857

7. AGE — YEARS: 78 — MONTHS: 10 — DAYS: 27 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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. Farm
10. Date deceased last worked at this occupation (month and year) 1926
11. Total time (years) spent in this occupation 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Elsinore, R#1

FATHER
13. NAME ~~Hardy~~ Jack Box
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

MOTHER
15. MAIDEN NAME Racheal King
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee

17. INFORMANT (ADDRESS) Ben Box Poplar Bluff, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Shiloh Cemetery DATE July 4 1936

19. UNDERTAKER (ADDRESS) C A Hedspeth Williamsburg Mo

20. FILED July 5, 1934 J. B. Rindaly Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 14, 1936, to July 3, 1936
I last saw him alive on April 8, 1936. Death is said to have occurred on the date stated above, at 2:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis, chronic	1934
Other contributory causes of importance:	
Arterial Hypertension	1932
Senility	

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) J Lee Harwell (FLH), M. D.
(Address) Poplar Bluff, Mo.