

NOV 4 1936

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

Do not use this space.

## 1. PLACE OF DEATH

County.....

Registration District No.....

Township.....

Primary Registration District No.....

City.....

(No.....)

City Hospital No. 1

B. 9680

Isabel Fox

## 2. FULL NAME

8050 Westmoreland, University City, Missouri

(a) Residence, No.....

(Usual place of abode)

St. Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

How long in U. S., if of foreign birth?

yrs.

mos.

ds.

791

1008

39284

File No.....

10318

Registered No.....

St.....

Ward.....

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

female

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR

DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF  
(OR) WIFE OF

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

June 9 1881

7. AGE

55

YEARS

MONTHS

DAYS

If LESS than 1  
day, ..... hrs.  
or ..... min.

4 2

OCCUPATION

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

nil

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)

Champaign, Ill

FATHER

13. NAME

Henry S. Fox

14. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

England Wis

MOTHER

15. MAIDEN NAME

Mary Harris

16. BIRTHPLACE (CITY OR TOWN).....

(STATE OR COUNTRY)

England

17. INFORMANT

(ADDRESS)

Hosp. Info. M. H. Kent

City Hospital No. 1

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Walhalla

DATE

Oct 17 1936

19. UNDERTAKER

(ADDRESS)

Mr. Leidner 21 E. 17th St. St. Louis

20. FILED

OCT 13 1936

J. T. Bredeck

Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10/11/36 19

22. I HEREBY CERTIFY, That I attended deceased from

9/26/36

19.....

to

10/11/36

19.....

I last saw her alive on 10/11/36 19..... Death is said

to have occurred on the date stated above, at 6.30 a

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

manic depressive psychosis  
Nephrosis

Date of onset

Other contributory causes of importance:

Syphilis

Name of operation.....

Date of.....

What test confirmed diagnosis?.....

Was there an autopsy? Yes

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)

Chas. M. Jessup, M.D.

City Hospital No. 1

M. D.

(Address)

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.

