OCT 20 1937

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

Do not use this space.

File No. 34530

Registered No. 46

1. PLACE OF DEATH

County: Jasper

Township: Mineral

City: G.B.C. Hospital (No. ..... St. ..... Ward)

Registration District No. 413

Primary Registration District No. 5559C

2. FULL NAME: Frank S. Fox

(a) Residence, No. 321 W 10th St., ... Ward. Joplin Co.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 1 mos. 8 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~~: Flora E. Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12-1871

7. AGE: Years 65 Months 10 Days 29 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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

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): Michigan

FATHER

13. NAME: Daniel Fox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

MOTHER

15. MAIDEN NAME: Elizabeth Hessley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): England

17. INFORMANT (ADDRESS): Records

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Sedalia DATE: 9/10 1937

19. UNDERTAKER (ADDRESS): Gillespie Undertaking Co

20. FILED 9/15 1937 Harry A. Weaver Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Sept 10, 1937

22. I HEREBY CERTIFY, That I attended deceased from Aug 2, 1937, to Sept 10, 1937

I last saw him alive on Sept 9, 1937. Death is said to have occurred on the date stated above, at 5:30 a.m.

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

	Date of onset
Uremia	
Chronic Parenchymatous Nephritis	
Pulmonary Tuberculosis	

Other contributory causes of importance:

Name of operation: None Date of:

What test confirmed diagnosis? Clinical Was there an autopsy? No

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) Susan E. Douglass M. D.

(Address) Sedalia City

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.