JAN 19 1938

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

Do not use this space.

File No. 45537

Registered No.

1. PLACE OF DEATH
County Howell
46 Township Spring Creek
City (No. , St. Ward)

Registration District No. 384 2 1
Primary Registration District No. 5579

2. FULL NAME MARIAH FOX

(a) Residence, No. West Plains, Rural Rt. 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred — yrs. 3 mos. — ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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: Jeff Fox.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb. 4, 1850

7. AGE: Years 87 | Months 3 | Days 16 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: None 262

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): Phelps County, Mo. 1

FATHER

13. NAME: Stewart 31

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown 31

MOTHER

15. MAIDEN NAME: Unknown

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

17. INFORMANT: Mr. J. A. Hudlow
(ADDRESS) West Plains, Mo. Rt. 4

18. BURIAL, CREMATION, OR REMOVAL: Pleasant Point Cem
PLACE Howell Co. DATE Dec. 22, 1937

19. UNDERTAKER: Luganbach Funeral Home
(ADDRESS) Grove Okla

20. FILED 12-21, 1937 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec. 20, 37

22. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 11:20 pm

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

	Date of onset
Carcinoma, right and left side of throat and top of forehead.	
Named as carcinoma by Dr. R.A.Sparks, 2 yrs. ago.	

Other contributory causes of importance:
Senility.

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? 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) Mayme C. Thornburgh M.D.
(Address) West Plains, Mo.

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.

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