

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

Do not use this space.

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township _____ Primary Registration District No. 1002
 City Kansas City, Mo. (No. II6 South Elmwood) St. _____ Ward _____

1508
196

2. FULL NAME

Mary Fox

(a) Residence, No. _____ St. _____ Ward. St. Joseph, Mo.
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 0 yrs. 2 mos. 0 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) Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 6, 1868

7. AGE YEARS 69 MONTHS 6 DAYS 8 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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) St. Genevieve County, Missouri
 (STATE OR COUNTRY)

FATHER 13. NAME Frederick Stock

14. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Germany

MOTHER 15. MAIDEN NAME Elizabeth Doring

16. BIRTHPLACE (CITY OR TOWN) St. Genevieve
 (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Pius Fisher
 (ADDRESS) 116 So Elmwood Kansas Coty, Mo

18. BURIAL, CREMATION, OR REMOVAL Mt. Olivet Cent
 PLACE St. Joseph, Mo DATE Jan. 17, 1938

19. UNDERTAKER H. O. Sidenfaden & Son
 (ADDRESS) 1902 Union Str St. Joseph, Mo.

20. FILED Jan 14 1938 M. M. Conover
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 14, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 7, 1938 to Jan 14, 1938

(last saw _____ alive on Jan 14, 1938 Death is said to have occurred on the date stated above, at 10:45 A.M.

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

Acute Myocardial degeneration
g.c.

Date of onset Jan 7, 1938

Other contributory causes of importance:

Chronic Myocarditis

Name of operation _____ Date of _____

What test confirmed diagnosis? Signs 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? _____

If so, specify _____

(Signed) Alan S. Pisinger, M. D.

(Address) 1107 Brynault Bldg
K.C. Mo

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.

RECEIVED

FEB 18 1938

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