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

Do not use this space.

File No. 1660
Registered No. 348

1. PLACE OF DEATH

County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002
City Kansas City (No. 3009, Brooklyn St. Ward)

2. FULL NAME Edie Fox

(a) Residence, No. 3009 Brooklyn Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? 30 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
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: Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Not Known

7. AGE: Years 66 — Months — — Days — — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home
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): Russia

FATHER

13. NAME: Joseph Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

MOTHER

15. MAIDEN NAME: Not Known
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Russia

17. INFORMANT: Nathan Fox
(ADDRESS) 4140 Paseo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sheffield Cem DATE 1-23- 1938

19. UNDERTAKER: J. P. Louis Funeral Home
(ADDRESS) 3400 Woodland Ave

20. FILED Jan 23 1938 M. M. Crowe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 1-21- 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 21, 1938, to Jan 21, 1938
I last saw h.er alive on Jan 21, 1938. Death is said to have occurred on the date stated above, at 12 Mid-Nite
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	

Other contributory causes of importance: Pulmonary Congestion

Name of operation None Date of
What test confirmed diagnosis? Phys 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) J. M. Shelton, M. D.
(Address) 230 Argyle Bldg

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FEB 18 1937
BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

16602

Do not use this space.

1. PLACE OF DEATH
(a) County: Jackson — Registration District No.: 399
(b) Township: — Primary Registration District No.: 1002 — Registered No.: 348
(c) City: K. C., Mo. (d) Street No.: ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Ede Hoy
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Wid

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

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

7. AGE: Years 66 — Months — — Days — — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE ..... DATE ....., 19..

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED ....., 19.. ..... Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-21, 1938

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

	Date of onset
acute Cardiac dilatation	

Other contributory causes of importance:
Pulmonary congestion
Chronic Myocarditis

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) L. M. Shapiro, M. D.
(Address) 230 Argyle Bldg.

SUPPLEMENTARY

1660