

REC'D APR 23 1938

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

12382

Do not use this space.

1. PLACE OF DEATH

(a) County Terre Haute Registration District No. 875
(b) Township Wash Primary Registration District No. 6162
(c) City Harwood (d) Street No. St. Hwy # 3 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 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mattie Fox 200
(a) Residence, No. Terre Haute Co. Mo. 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 15 4. COLOR OR RACE W 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) Mar 15-1882
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
55 11 25
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) Schell City (STATE OR COUNTRY) Mo

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

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

17. INFORMANT Alleg Record (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE Harwood Mo DATE Mar 12 1938

19. FUNERAL DIRECTOR O. W. Waggoner (ADDRESS) Harwood Mo

20. FILED 3/10 1938 Allen V. Hays Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 10 1938

22. I HEREBY CERTIFY, That I attended deceased from Feb 4 1931, to Mar 10 1938

I last saw h. er alive on Mar 10 1938. Death is said

to have occurred on the date stated above, at 4:51 p.m.

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

Broncho pneumonia

Date of onset
2/23/38

Other contributory causes of importance:

Chronic myocardial insufficiency

hypertension

Epilepsy

Date of onset
2/23/38

Name of operation _____ Date of _____

What test confirmed diagnosis? Chemical 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) F. L. Martin, M. D.

(Address) St. Hwy # 3 - Harwood

STATEMENT BY LICENSED EMBALMER

I, _____, Licensed Embalmer No. _____
hereby certify that the body recorded on the reverse side of this certificate was embalmed by _____
_____ L. E. _____
No. _____ or by _____, Registered Apprentice No. _____
working under my personal supervision.

Signed _____

Licensed Embalmer No. _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)