

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

Do not use this space.

REC'D AUG 26 1938

26065

1. PLACE OF DEATH

74 County Madison Registration District No. 625 File No. _____
 Township York Primary Registration District No. 3001 Registered No. 71
 City Marion, Mo (No. St. Francis Hospital St. _____ Ward)

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Carl Fox</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 11 1909</u>		
7. AGE	YEARS	MONTHS
<u>29</u>	<u>29</u>	
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House wife</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kansas City Mo.</u>		
13. NAME <u>C. L. Myers</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Empire Kansas</u>		
15. MAIDEN NAME <u>Lillian Cook</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Clinton Mo</u>		
17. INFORMANT (ADDRESS) <u>E. D. Myers</u> <u>Marion Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Break Hill K.C. Mo</u> <u>July 13 1938</u>		
19. UNDERTAKER (ADDRESS) <u>Campbell Funeral Home</u> <u>Marion Mo</u>		
20. FILED <u>July 12 1938</u> <u>Mamie E. Clardy</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/11 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/24 1938 to 7/11 1938
 I last saw him alive on 7/11 1938. Death is said to have occurred on the date stated above, at 50 m.
 The principal cause of death and related causes of importance were as follows:
Branchial pneumonia Date of onset 7/8/38
acute lymphatic leukemia?
secundary anemia
 Other contributory causes of importance: 72 W
Malnutrition

Name of operation _____ 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) J. M. Gayles M. D.
 (Address) Conception St. 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.

