REC'D SEP 27 1938

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

Dr Pinion

29646
Do not use this space.

1. PLACE OF DEATH
(a) County Perry Cat. Registration District No. 651
(b) Township Little Prairie Primary Registration District No. 4388 Registered No. 83
(c) City Caruthersville (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 Gazlen Fox
(a) Residence, No. East 1st. St. ..... (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: male
4. COLOR OR RACE: White
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): 8-19-38
7. AGE: Years 0 | Months 0 | Days 1 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. none
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) Caruthersville Mo

FATHER
13. NAME Samuel Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Orville Mo

MOTHER
15. MAIDEN NAME Loretta Darnell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hayti Mo

17. INFORMANT (ADDRESS) Samuel Fox Caruthersville Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE Maple Cemetery DATE 8-20 1938
19. FUNERAL DIRECTOR (NAME) H. Smith (ADDRESS) Caruthersville Mo
20. FILED Aug. 23, 1938 Ada Martin Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8-19 1938
22. I HEREBY CERTIFY, That I attended deceased from Aug. 19 1938, to Aug. 19 1938
I last saw him alive on Aug. 19 1938. Death is said to have occurred on the date stated above, at 7 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Intracranial Hemorrhage	8-19-38
Dystocia	
Eclampsia	

Other contributory causes of importance:

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. R. Pinion, M. D.
(Address) Caruthersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, ...

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

If this body is not embalmed, above space should be left blank.