

DEAD OCT 18 1938

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

Do not use this space.

31578

1. PLACE OF DEATH

County *Atchison*

Registration District No. *19*

Township

Primary Registration District No. *4013*

City *Rock Port*

(No. _____)

St. _____

Ward _____

2. FULL NAME *Floyd Everett Fox*

(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 *Male*

4. COLOR OR RACE *White*

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) *Calla Harmon Fox*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *8-7-1882*

7. AGE

YEARS *56*

MONTHS *1*

DAYS *23*

If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

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) *Tenn.*

MOTHER, FATHER

13. NAME *Charles Fox*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

15. MAIDEN NAME *Fannie Talley*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Tenn.*

17. INFORMANT (ADDRESS) *Charles Fox Rock Port, Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Frary Hall*

DATE *10-2*

1938

19. UNDERTAKER (ADDRESS) *Chas. Beutelman Rock Port, Mo.*

20. FILED *9-30*

1938

Mary Chamberlain Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *10-9-38* 19*38*

22. I HEREBY CERTIFY, That I attended deceased from *May 21* 19*38* to *Sept. 30* 19*38*

I last saw him alive on *Sept. 30* 19*38*. 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:

Chronic Renteria

Date of onset

Other contributory causes of importance: *DN*

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? *no*

If so, specify _____

(Signed) *William R. Strickland* M. D.

(Address) *Rockport, Mo.*

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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.

