

NOV 14 1938

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

35071
Do not use this space.

1. PLACE OF DEATH ²
 (a) County Boone 1 Registration District No. 73
 (b) Township _____ Primary Registration District No. 3006 Registered No. 230
 (c) City Columbia (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 ²⁶⁷¹ Burwell Fox
 (a) Residence, No. 310 N Williams 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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Don't know

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 8 1847

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
90 9 26

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. Retired Teacher
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 4 1938

22. I HEREBY CERTIFY, That I attended deceased from June 4, 1937 to Oct 2, 1938
 Last saw h. _____ alive on Oct 2, 1938 Death is said to have occurred on the date stated above, at 6 P.m.
 The principal cause of death and related causes of importance were as follows:

Senility - Myocarditis

Date of onset

1934

Other contributory causes of importance:

Name of operation no Date of _____
 What test confirmed diagnosis? Chinical Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? no Date of injury _____, 19____
 Where did injury occur? no (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Wm. J. Kobayashi M. D.
 74 (Address) Columbia, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lebanon Ohio

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

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

17. INFORMANT (ADDRESS) M. White Granton MO

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Russell Cem. DATE Oct. 6 1938

19. FUNERAL DIRECTOR (ADDRESS) Granton, Mo. Norman White Granton, Mo.

20. FILED 10/5/38 Allie Selby Local Registrar.

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.

STATEMENT BY LICENSED EMBALMER

I, Lynard H. Sprinkle, Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by Antonia's & Co.

..... L. E.
No. or by Registered Apprentice No.
working under my personal supervision.

Signed Lynard H. Sprinkle
Licensed Embalmer No. 4013

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.)