Ferguson

DEC 5 1938

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

39182
Do not use this space.

1. PLACE OF DEATH
(a) County Greene 2 Registration District No. 318
(b) Township 1 Primary Registration District No. 2001 Registered No. 863
(c) City Springfield, Mo. (d) Street No. 517 S. Campbell 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 200 Perry W. Fox
(a) Residence, No. 517 S. Campbell St.
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

3, 6

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~~ Edna Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 16, 1895

7. AGE ✓ YEARS 43 MONTHS 8 DAYS 1 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Old Gold Buyer
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) Seymour Mo.

FATHER
13. NAME Francis M. Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Dillie A. Carter
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) Mrs. Dillie E. Fox Seymour Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Seymour Mo. DATE Nov 20, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alma Lahmeyer Springfield Mo.

20. FILED Nov 18, 1938 Chas A George Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 17, 1938

22. I HEREBY CERTIFY, That I attended deceased from ..... 19..., to ..... 19...
I last saw him alive on dead Nov 17, 1938. Death is said to have occurred on the date stated above, at 1215 ~~Noon~~ P M
The principal cause of death and related causes of importance were as follows:

Suicide by Pistol
Shot wound in head.
Self inflicted

Date of onset

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Other contributory causes of importance: none

Name of operation none Date of
What test confirmed diagnosis? Investigation Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury Nov 17, 1938
Where did injury occur? 517 S. Campbell
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
home
Manner of injury Pistol shot in head
Nature of injury Suicide

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. P. Ferguson Coroner, M. D.
(Address) 604 East Elm St.

(Licensed Embalmer's Statement on Reverse Side)

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 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 comp with the above constitutes grounds for revocation of license.)

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