

MAR 21 1939

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

Do not use this space.

7600

1. PLACE OF DEATH

County Randolph
Township Sugar Creek
City Joliet, Mo.

Registration District No. 135
Primary Registration District No. 3034
(No. 421 S. Fifth)

File No. _____
Registered No. 36 St. _____ Ward)

2. FULL NAME FANNIE MILDRED WILCOX

(a) Residence, No. 421 S. Fifth St. St. _____ Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Reidivored

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb - 23 - 1939

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Albert Wilcox

22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1939, to Feb 23, 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb - 13 - 1849

I last saw her alive on Feb 23, 1939 Death is said to have occurred on the date stated above, at 6:30 am.

7. AGE YEARS 90 MONTHS - DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

The principal cause of death and related causes of importance were as follows:
metastatic pneumonia Date of onset 2/22/39

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Magazine Agent
10. Date deceased last worked at this occupation (month and year) _____ (Total time (years) spent in this occupation) _____

Other contributory causes of importance:
Mitral stenosis
nephritis

12. BIRTHPLACE (CITY OR TOWN) Howard Co. Missouri (STATE OR COUNTRY)

FATHER 13. NAME White

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT Mrs. M. M. Victor (ADDRESS) 421 S. 5th St. Joliet, Mo.

18. BURIAL, CREMATION, OR REMOVAL near Mo. PLACE Parkwood Cemetery DATE Feb - 27 - 1939

19. UNDERTAKER Snow Funeral Home (ADDRESS) Joliet, Mo.

20. FILED Feb 27, 1939 Seal Williams Registrar

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. Black, M. D.
(Address) St. Carmine Hospital, Joliet, Mo.

PROPERTY OF MISSOURI STATE BOARD OF HEALTH. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

92a

RECEIVED

District Health Officer No. 10

District File Number 10-39-421

Date Filed MAR 10 1959

... ..

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

7600
Do not use this space.

1. PLACE OF DEATH
(a) County Randolph Registration District No. 735
(b) Township Primary Registration District No. 3034 Registered No.
(c) City Moberly Mo. (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 Fannie Mildred Wilcox
(a) Residence, No. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Wed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 - 10

OCCUPATION
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.
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)

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

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23 1939

22. I HEREBY CERTIFY, That I attended deceased from to 19.....
I last saw h..... alive on 19..... Death is said to have occurred on the date stated above, at m.
The principal cause of death and related causes of importance were as follows:
metastatic Pneumonia
Bronchial
Gobar
Date of onset 100

Other contributory causes of importance:
mitral stenosis
nephritis chronic

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?
If so, specify
(Signed) J. M. Black, M. D.
(Address) Moberly, Mo.

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT. SO THAT IT MAY BE PROPERLY CLASSIFIED.

