

1939 APR 21 1939

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

11137
Do not use this space.

1. PLACE OF DEATH
(a) County JASPER Registration District No. 411
(b) Township GALENA Primary Registration District No. 2002
(c) or City JOPHIN (d) Street No. 2222 JOPHIN 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. moa. ds. (f) How long in U. S., if of foreign birth? yrs. moa. da.

2. PRINT FULL NAME Linda Lou Fox
(a) Residence, No. 2222 JOPHIN 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 FEMALE 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) 3-4-39

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

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) JOPHIN Mo

FATHER
13. NAME Robert Everett Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) UNKNOWN

MOTHER
15. MAIDEN NAME KATHERINE Mohloy
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SCAMMON KANSAS

17. INFORMANT (ADDRESS) MRS R.E. Fox 2222 JOPHIN

18. ~~BURIAL CREMATION, OR REMOVAL~~ REMOVAL PLACE GALENA KANS DATE 3-6-39

19. FUNERAL DIRECTOR (NAME) (ADDRESS) HURBUT UND Co 212 JOPHIN ST. JOPHIN MO

20. FILED 3-6-39 W.D. Jones Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-4-39

22. I HEREBY CERTIFY, That I attended deceased from to 3-4-39
I last saw her alive on 3-4-39, 19... Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:
Stillborn
Laceration of Umbilical cord.
Other contributory causes of importance:
Breech delivery

Name of operation Date of
What test confirmed diagnosis? Clinical 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?
If so, specify
(Signed) W.D. Jones M.D.
(Address) Joplin Mo.

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.

I X 16805

RECEIVED

District Health Officer No. 6,

District File Number 6-29-835

Date Filed APR 12 1939

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

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