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

Do not use this space.

37590

1. PLACE OF DEATH
County Mississippi
Township ~~Tuwaquoty~~
City Bertrand (No. ..... St. ..... Ward)

Registration District No. 566
Primary Registration District No. 5762

File No. ?
Registered No. 118

2. FULL NAME Mary A. Fox
(a) Residence. No. Bertrand Mo. St., ... Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 50 yrs. about mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 15, 1851

7. AGE Years 76 Months 1 Days 24 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work At home
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Rushville
(STATE OR COUNTRY) Illinois

PARENTS
10. NAME OF FATHER J. J. Lane
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Beneth Williams
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY) "

14. INFORMANT X Chas. M. Darby
(Address) X Dexter Mo

15. FILED Dec 10th 1927 F S Vernon
REGISTRAR

MEDICAL CERTIFICATE OF DEATH 11:45 A.M.

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12-9 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct. 8, 1927, to Dec. 9th, 1927, that I last saw her alive on Dec. 9th, 1927, and that death occurred, on the date stated above, at 11-45 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
CARCINOMA OF RECTUM.
46D 45
(duration) 1 yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) NONE KNOWN
(duration) \ yrs. \ mos. \ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? \
DID AN OPERATION PRECEDE DEATH? NO DATE OF \
WAS THERE AN AUTOPSY? NO.
WHAT TEST CONFIRMED DIAGNOSIS? PHYSICAL SYMPTOMS
(Signed) A. W. Chapman, M. D
, 19 (Address) CHARLESTON-MO-

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Oak Grove Cemetery
DATE OF BURIAL 12-11 1927

20. UNDERTAKER Lair Und Co. Charles
ADDRESS Charleston

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.

Chapman