

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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

Do not use this space.

32970

1. PLACE OF DEATH

County Jarroll Registration District No. 134 File No. _____
 Township Ridgely Primary Registration District No. 5186 Registered No. 18
 City Jarrolltown RFD St. _____ Ward _____

2. FULL NAME

Infant of Oscar Fox - Velma Ruth Fox
 (a) Residence No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 10-6-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, 11 hrs. or — min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Oscar Fox

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co. Mo.

12. MAIDEN NAME OF MOTHER Anna Voyles

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Reynolds Co.

14. INFORMANT Oscar Fox (Address) Jarrolltown Mo RFD

15. FILED Nov 7, 1928 Mrs. Bead Brown REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov. 7th 1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 6, 1928 to Nov 7, 1928 that I last saw him alive on Nov 6, 1928, and that death occurred, on the date stated above, at 2 am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

"to have Baby" before Mrs. Annamer Sabin
Defective Auricular Septum
15 1/2 (duration) yrs. mos. ds. 11 hr

CONTRIBUTORY (SECONDARY) 15902 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH, _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____ WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? (Signed) Charles E. Austin, M. D. Nov. 8, 1928 (Address) Camerton 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 Bellefleur Cem. DATE OF BURIAL 10-7-1928

20. UNDERTAKER Stanley-Jarrolltown Mo ADDRESS

