

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

Do not use this space.

5041

1. PLACE OF DEATH

County Ledard
Township Madison
City (No.) St. Ward

Registration District No. 167
Primary Registration District No. 5233

File No. F
Registered No.

2. FULL NAME

Olney E. 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

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

ms Olney E Fox

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

May 20 1871

7. AGE

YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
<u>66</u>	<u>9</u>	<u>9</u>	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) —

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

mo

(STATE OR COUNTRY)

10. NAME OF FATHER

Gas. A Fox

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

don't know

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Marguerite Long

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

don't know

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Elvira Fox
Fair play mo

15.

FILED Apr 19. 33

R. B. Alder
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-27 1933

17.

I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1933, to Feb 27, 1933
that I last saw him alive on Feb 27, 1933, and that death occurred, on the date stated above, at 5-15 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

CONTRIBUTORY (SECONDARY)

100

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) H. A. Sumrell, M. D.

2-27, 1933 (Address) Stackelton 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

DATE OF BURIAL

Bill Mound Cemetery 2-28 1933

20. UNDERTAKER

A. B. Wright

ADDRESS

Fair play 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.

1933

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