

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

Do not use this space.

MAY 25 1934

15549

1. PLACE OF DEATH

County Wayne Registration District No. _____
 Township _____ Primary Registration District No. 892
 City Shook (No. 6193) St. _____ Ward _____

File No. _____
 Registered No. 7

2. FULL NAME

Beba Jane Fox
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Thomas Fox

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 29 1893

7. AGE YEARS 38 MONTHS 5 DAYS 21 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House wife

9. Industry or business in which work was done, as silk mill, 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) Perryville, Md Perry County

13. NAME Perry Cox

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Md

15. MAIDEN NAME Mary Cashion

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Perry County, Md

17. INFORMANT Thomas Fox (ADDRESS) Shook, Md

18. BURIAL, CREMATION, OR REMOVAL PLACE Shook DATE 4 21 34

19. UNDERTAKER C. A. Howell (ADDRESS) Shook, Md

20. FILED _____ 19 _____ Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Feb 1 1934, to Apr 20 1934.
 I last saw him alive on Apr 15 1934 Death is said to have occurred on the date stated above, at 7:00 m.
 The principal cause of death and related causes of importance were as follows:

Myocarditis
9/3/34
 Date of onset 1933
 Other contributory causes of importance: _____

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? No
 If so, specify _____
 (Signed) O. D. Myers, M. D.
 (Address) Greenville, Md.

Exact statement of OCCUPATION is very important. In some terms, so that it may be properly classified.

...so that it may be ...

AD

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Wayne
Township Wilburns
City (No.) St. Ward (No.)

Registration District No. 892
Primary Registration District No. 6193

File No.
Registered No. 7

2. FULL NAME

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

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.

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.
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)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19...

19. UNDERTAKER (ADDRESS)

20. FILED Apr. 21, 1934 M. D. Hattie McGhee Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 20, 1934

22. I HEREBY CERTIFY, That I attended deceased from

to 19.....
I last saw him alive on 19..... Death is said to have occurred on the m.

The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance:
Date of onset

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), M. D.

(Address)

SUPPLEMENTARY

CAUSE OF DEATH TO BE PROPERLY CLASSIFIED. Exact statement of OCCUPATION is very important.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

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