

REC'D FEB 11 1939

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

3129

Do not use this space.

1. PLACE OF DEATH

(a) County Missouri Registration District No. 562
(b) Township Ohio Primary Registration District No. 5762 Registered No. 3
(c) City Wyatt (d) Street No. _____ St. _____
(e) Length of residence in city or town where death occurred _____ yrs. mos. ds. (f) How long in U.S., if of foreign birth? _____ yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. _____ 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 J 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF George Fox
7. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 16 1865
8. AGE YEARS 73 MONTHS 6 DAYS 18 If LESS than 1 day, _____ hrs. or _____ min.
9. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
10. Industry or business in which work was done, as saw mill, bank, etc. _____
11. 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) Colesburg Ky. 1
13. NAME Alfred Parkhill
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 7
15. MAIDEN NAME Unknown 9
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 9
17. INFORMANT (ADDRESS) E. W. Fox 214 S. First St. Normal Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Osage County DATE Jan 5, 1939
19. FUNERAL DIRECTOR (NAME) (ADDRESS) Frank Fox Funeral Home Charleston Mo.
20. FILED 1-5- 1939 F. O. Vernon Local Registrar.

MEDICAL CERTIFICATE OF DEATH 3:15 A.M.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 4 1939
22. I HEREBY CERTIFY That I attended deceased from Sept 30 to Jan 4 1939
I last saw h. e. r. alive on 12/31/38. Death is said to have occurred on the date stated above, at 3:15 A.M.
The principal cause of death and related causes of importance were as follows:

Cardiac renal disease with hypertension Date of onset _____
95 P+

Other contributory causes of importance: no

Name of operation none Date of _____
What test confirmed diagnosis? B.P. + Urine 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) E. Ches Rowling M. D.
Charleston Mo (Address) 713

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

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