REC'D MAR 9 1939

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

Do not use this space.

1. PLACE OF DEATH
County Howell
Township Sp. Creek
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 384
Primary Registration District No. 5539

File No. 6701
Registered No. .....

2. FULL NAME Eva Florentine Fox
(a) Residence, No. West Plains St. R 3, Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? ? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 8 1904

7. AGE YEARS 34 MONTHS 6 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) West Plains Mo

FATHER
13. NAME Sim Fox
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo

MOTHER
15. MAIDEN NAME Tela Carr
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) West Plains Mo

17. INFORMANT (ADDRESS) Sim Fox West Plains Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Parker Cem DATE Feb 16 1939

19. UNDERTAKER (ADDRESS) John Hopkins West Plains Mo

20. FILED 2-16 1939 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-15- 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1931, to Feb 15, 1939
I last saw her alive on June 15, 1938 Death is said to have occurred on the date stated above, at 7a m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pulmonary Tuberculosis	1929

Other contributory causes of importance: 23

Name of operation ✓ Date of .....
What test confirmed diagnosis? Clinical 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? No
If so, specify .....
(Signed) P. D. Gunn, M. D.
(Address) West Plains, Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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