

REC'D APR 21 1939

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

12606  
Do not use this space.

107  
1. PLACE OF DEATH <sup>2</sup>  
(a) County Bedford Registration District No. 568  
(b) Township Sherrill Primary Registration District No. 6149 Registered No. 11  
(c) City ..... (d) Street No. .... St. ....  
(If death occurred in Hospital or Institution, write its name instead of street and number)  
(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 Don Catherine Fox  
(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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 14/1855  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
84 4 10  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Home wife  
9. Industry or business in which work was done, as saw mill, bank, etc. ....  
10. Date deceased last worked at this occupation month and year 7/19/39 11. Total time (years) spent in this occupation 68  
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Como, Tennessee  
13. NAME Stephen Chick  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
15. MAIDEN NAME Susan Skiles  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee  
17. INFORMANT Susie Nichol (ADDRESS) Mount Airy, Mo.  
18. BURIAL, CREMATION, OR REMOVAL PLACE Mount Airy, Mo. DATE 3/24/39  
19. FUNERAL DIRECTOR W. D. Howard (ADDRESS) Salisbury, Mo.  
20. FILED 3/23/39 V. A. Reed Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 23 1939  
22. I HEREBY CERTIFY, That I attended deceased from Mar 19 1939, to 3-23 1939  
I last saw h. w. alive on Mar 19 1939. Death is said to have occurred on the date stated above, at 2 a. m.  
The principal cause of death and related causes of importance were as follows:  
apoplexy  
Date of onset 1937  
Other contributory causes of importance:  
Wind Rheumatism & carcinoma on bridge of nose  
Name of operation None 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? no 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 no  
Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify .....  
(Signed) L. S. Kendall, M. D.  
(Address) Salisbury, Mo.

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

50M-7-20-37

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.

STATEMENT BY LICENSED EMBALMER

I, H D Johnson, Licensed Embalmer No. 928  
hereby certify that the body recorded on the reverse side of this certificate was embalmed by not at all  
L. E.  
No. \_\_\_\_\_ or by \_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_  
working under my personal supervision.  
Signed H D Johnson  
Licensed Embalmer No. 928

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**