

26 JUN 8 1939

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

18610
Do not use this space.

1. PLACE OF DEATH
 (a) County GREENE Registration District No. 316
 (b) Township SPRINGFIELD Primary Registration District No. 2001 Registered No. 378
 (c) City SPRINGFIELD (d) Street No. Burge Hospital 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 Edward J. Fox
 (a) Residence, No. 3634 Nebraska St. St. Louis, Mo. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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 MARY K. Fox ~~TOP WIFE OF~~
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) In year 1865
 7. AGE YEARS 74 MONTHS unknown DAYS unknown If LESS than 1 day,hrs. ormin.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Traveling
 9. Industry or business in which work was done, as saw mill, bank, etc. Salesman
 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) England 4
 13. NAME No 9
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No 9
 15. MAIDEN NAME Data
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Data
 17. INFORMANT (ADDRESS)
 18. BURIAL, CREMATION OR REMOVAL PLACE St. Louis Mo DATE 5/8 39
 19. FUNERAL DIRECTOR (NAME) (ADDRESS) Alvin Schreyer Springfield, Missouri
 20. FILED 5/8/39, 19 Chas a George Mo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 5 1939
 22. I HEREBY CERTIFY, That I attended deceased from 19..... to 19.....
 I last saw him dead 5-5-39 19 39. Death is said to have occurred on the date stated above, at 11:05 a.m.
 The principal cause of death and related causes of importance were as follows:
Fracture of spine
Injury to spinal
broken back
 Other contributory causes of importance:
Spinal
 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? accident Date of injury 5-4-39, 19 39
 Where did injury occur: east of Springfield near highway 766
 Specify whether injury occurred in industry, in home, or in public place.
To avoid collision with passing car, ran
into details and his car turned over
 Nature of injury several times - broken back
 24. Was disease or injury in any way related to occupation of deceased?.....
 If so, specify.....
 (Signed) J.P. Ferguson Coroner M. D.
604 S Elm

(Licensed Embalmer's Statement on Reverse Side)

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.

Corrected by affidavit June 1, 1939 to April 1939

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For affidavit see no 184 in mist file - 1939.

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

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

X