

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

Do not use this space.

6574

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 439
 Township 1st Primary Registration District No. 1002 Registered No. 839
 City Kansas City (No. Kansas City General Hospital) St. _____ Ward _____

2. FULL NAME

Mal. Henry Frederick Foy
 (a) Residence. No. 4802 Park St. 15 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) divorced

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 6 - 1886

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
42 | 6 | 6 | _____

8. OCCUPATION OF DECEASED.
 (a) Trade, profession, or particular kind of work Telephone Engineer
 (b) General nature of industry, business, or establishment in which employed (or employer) South western Bell Telephone Co 11 yrs
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Roanoke Texas

10. NAME OF FATHER Henry Foy

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Wichita French Hill Miss.

12. MAIDEN NAME OF MOTHER Alice Carter

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Denton Co. Texas

14. INFORMANT (Address) H. H. Foy 5536 Parkway Ave St. Louis

15. FILED 2/13, 29 M. H. Comove REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Tuesday Febr. 12 1929
 17. Deputy coroner
 I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, and that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Asystole
99%
 CONTRIBUTORY (SECONDARY) 9102
 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH? _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____
 WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Autopsy
 (Signed) Stanley M. Hall, M. D.
2/12, 1929 (Address) Deputy coroner

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL (DATE OF BURIAL) Baird Texas Febr. 12 1929

20. UNDERTAKER (ADDRESS) Elyae Funeral Home 1800 Lenwood

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.

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

127
2
2
2

