

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

6 29 1929

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.

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

Do not use this space.

26828

1. PLACE OF DEATH

County Warsh  
Township Franklin  
City Franklin No. \_\_\_\_\_

Registration District No. 903  
Primary Registration District No. 4545

File No. \_\_\_\_\_  
Registered No. 17  
St. \_\_\_\_\_ Ward)

2. FULL NAME

A. H. Fong  
(a) Residence. No. \_\_\_\_\_ St. \_\_\_\_\_ Ward. \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

M

4. COLOR OR RACE

W

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

Married

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

Mary J. Fong

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

Oct 15 1848

7. AGE

YEARS MONTHS DAYS  
80 9 4  
LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Farmer  
(b) General nature of industry, business, or establishment in which employed (or employer) None  
(c) Name of employer \_\_\_\_\_

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

Don't know  
Ohio Mo. State

10. NAME OF FATHER

Jos. Fong

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY)

Don't know  
Ohio

12. MAIDEN NAME OF MOTHER

Polly Cooper

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

Don't know  
Ohio

14. INFORMANT

Mary J. Fong  
(Address) Franklin Mo

15. FILED

7/21 1929 John Andreas  
REGISTRAR

3

MEDICAL CERTIFICATE OF DEATH

15. DATE OF DEATH (MONTH, DAY AND YEAR) July 19 1929

17. I HEREBY CERTIFY, That I attended deceased from July 8, 1929, to July 19, 1929, that I last saw him alive on July 19, 1929, and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Empysemia  
110A  
110B (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.  
162 Pleurisy with effusion  
(SECONDARY)  
Senility (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

18. WHERE WAS DISEASE CONTRACTED?

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? \_\_\_\_\_ DATE \_\_\_\_\_

19. WHAT TEST CONFIRMED DIAGNOSIS?

Aspiration  
(Signed) John Andreas, M. D.  
7/21, 1929 (Address) Franklin Mo

\*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

Monroe Cem DATE OF BURIAL 7/21 1929

20. UNDERTAKER

Andreas and ADDRESS Franklin Mo

