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

Do not use this space.

85

30131

File No.

Registered No. 1080

Registration District No.

Primary Registration District No. 1001

1. PLACE OF DEATH
County BUCHANAN
Township
City ST. JOSEPH (No. 3016 N. 9th St. St. Ward)

2. FULL NAME ELLSWORTH FOULK
(a) Residence. No. 3016 N. 9th. St. St., 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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
MALE	WHITE	MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JUNE 28, 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	57	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work STOCK MAN
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) LOGAN CO.
(STATE OR COUNTRY) OHIO

PARENTS
10. NAME OF FATHER HENRY C. FOULK
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) UNKNOWN
12. MAIDEN NAME OF MOTHER UNKNOWN
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) UNKNOWN

14. INFORMANT MRS. SALLIE FOULK
(Address) 3016 N. 9th. St.

15. FILED SEP 17 1929 John G. [illegible] REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 14 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 29, 1929, to Sep. 14, 1929 that I last saw him alive on Sep 14, 1929, and that death occurred, on the date stated above, at 8:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Nephritis
9 mo
1 yr
(duration) yrs. mos. 15 ds.

CONTRIBUTORY (SECONDARY) Endo Carditis
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) B. W. Goetzbaker, M. D.
Sep 16, 1929 (Address) 1 S. Bldg

*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 KING HILL CEM. DATE OF BURIAL Sept. 17 29

20. UNDERTAKER Fred D Clark ADDRESS 5023 King Hill Ave

133

31

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.