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

Do not use this space.

22924

File No. 29115
Registered No.

1. PLACE OF DEATH

County: Jackson — Registration District No.
Township: Kaw — Primary Registration District No.
City: Kansas City (No. St. Marys' Hospital St. Ward)

2. FULL NAME Thomas H Foley

(a) Residence. No. 5520 Forest 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. 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	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	44	8	26	

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

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

PARENTS
10. NAME OF FATHER Timothy Foley
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Ireland
12. MAIDEN NAME OF MOTHER Elizabeth Ryan
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana

14. INFORMANT Mrs Thos J Leahy
(Address) 2927 Flora

15. FILED 7/15 1930 M M Crowe asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

4

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 14 1930

17. I HEREBY CERTIFY, That I attended deceased from July 1, 1930, to July 15, 1930 that I last saw him alive on July 15, 19..., and that death occurred, on the date stated above, at 11:55 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lung abscess with Empyema
Gastric Ulcer (Fecal Aneurisme)

B
A (duration) yrs. 4 mos. ds.
A
CONTRIBUTORY (SECONDARY) Gastric Hemorrhage (duration) yrs. mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED Hospital
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? Autopsy findings
(Signed) [illegible], M. D.
July 15 1930 (Address) Bell Hospital

*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
St. Marys' Cemetery	7/17/30
20. UNDERTAKER	**ADDRESS**
Quirk & Tobin Co.--20 W Linwood	

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.