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

Do not use this space.

23085
3079

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 302
Primary Registration District No. 302
(No. 5810 Wabash Ave ... Ward)
File No.
Registered No.

2. FULL NAME Mrs Cherokee Hughes Foreman
(a) Residence. No. 5810 Wabash 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 F.
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF T. W. Foreman

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 11, 1868

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
62	5	15	

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

9. BIRTHPLACE (CITY OR TOWN) Fort Gibson
(STATE OR COUNTRY) Oklahoma

PARENTS
10. NAME OF FATHER George W. Hughes
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Athens
(STATE OR COUNTRY) Tennessee
12. MAIDEN NAME OF MOTHER Mary McLaughlin
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tennessee

14. INFORMANT W. C. Foreman
(Address) 5810 Wabash

15. FILED 7/26, 1930 M M Crowe REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 26 1930

17. I HEREBY CERTIFY, That I attended deceased from July 25, 1930, to July 26, 1930 that I last saw her alive on July 26, 1930, and that death occurred, on the date stated above, at 10:45 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Brights Disease
1.31
1.32 B
few years (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremia Poison
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED? 1294 W
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) A. W. Davis, M. D.
7-26, 1930. (Address) 402 Wirthman 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 Tahlequah, Okla
DATE OF BURIAL July 26 1930

20. UNDERTAKER D. W. Newcomer's Sons
ADDRESS 2111 E. 9th St.

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.

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