

NOV 3 1930

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

Do not use this space.

35148

1. PLACE OF DEATH

County Texas
Township Daney
City Houston (No. St. Ward)

Registration District No. 863
Primary Registration District No. 4522

File No.
Registered No. 12

2. FULL NAME

Mary Emma Foard

(a) Residence No. St. Ward.

(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 Richard Foard

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 5 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
78 5 28

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

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

10. NAME OF FATHER J. C. White
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Mo.
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Mary Nicholas
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Jenn.
(STATE OR COUNTRY) Wash. Co. Mo.

14. INFORMANT Mrs. Betty Nagle
(Address)

15. FILED 11-8 1930 J. B. ... REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 3 1930

17. I HEREBY CERTIFY, That I attended deceased from Sept 1928 to Oct 3 1930 that I last saw her, alive on Oct 3 1930 and that death occurred, on the date stated above, at 11206.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Spurinaemia of Stomach
46B (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 44A (duration) 2 yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH?..... DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J. B. ... M. D.
, 19 1930 (Address) Houston 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 Foard Cemetery DATE OF BURIAL Oct 5 1930
UNDERTAKER Gaylord W. Elliott ADDRESS Capool Mo.

