

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

Do not use this space.

25011

3008

**1. PLACE OF DEATH**

County Jackson Registration District No. 399

Township Moan Primary Registration District No. 1002

City Maassas City (No. 2017) Benton St. \_\_\_\_\_ Ward)

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

**2. FULL NAME**

Robert G. Foley

(a) Residence No. 2017 Benton St. f!! 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 M 4. COLOR OR RACE Wh 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 8-1874

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 5 2

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) Self  
(c) Name of employer \_\_\_\_\_

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

10. NAME OF FATHER James J. Foley

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) no record

12. MAIDEN NAME OF MOTHER no record

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) no record

14. INFORMANT Mrs. E. Heidig  
(Address) 2017 Benton Blvd. R. 2 Mo.

15. FILED 7/19/31 M. M. Browne  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 10 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb - 1, 1931 to July 10, 1931 that I last saw him alive on July 19, 1930 and that death occurred, on the date stated above, at \_\_\_\_\_ m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Carcinoma of  
463 Mediastinum  
473 (duration) yrs. 2 mos. ds.

CONTRIBUTORY (SECONDARY) Carcinoma of Stomach

(duration) 2 yrs. mos. ds.

18. WHERE DISEASE CONTRACTED 463  
AT PLACE OF DEATH \_\_\_\_\_

3 DID AN OPERATION PRECEDE DEATH? Exploratory Op. DATE OF Feb 1930  
WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS Biopsy  
(Signed) J. S. Sheldon, M. D.

7-11-1931 (Address) boy Caney 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 Missouri City DATE OF BURIAL 7-12-31

20. UNDERTAKER Mrs. C. L. Foster ADDRESS R. C. Mo.

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

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.

Dr. Sheldon

Vi - 4175

2915 Victor - Li - 2438