

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

Do not use this space.

25539

1. PLACE OF DEATH

County Juniata
Township Union
City Maywood (No.)

Registration District No. 480
Primary Registration District No. 5645

File No. ~~7~~
Registered No. 14 St. Ward)

2. FULL NAME Sophia Anna Foreman

(a) Residence. No. 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1849

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
78 | - | - | - | - hrs. - min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ripley Co Indiana

10. NAME OF FATHER William Watterman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Steples England

12. MAIDEN NAME OF MOTHER Sophia Cole

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Steples England

14. INFORMANT Bertie Horsey (Address) Vermont Del.

15. FILED July 11, 1931 W B Kelley 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 19..... to July 10, 1931 that I last saw her alive on July 5, 1931, and that death occurred, on the date stated above, at 5:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia tuberculosis
23A

(duration) 4 yrs. mos. da.
CONTRIBUTORY (SECONDARY) 1 (duration) yrs. mos. da.

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

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

WAS THERE AN AUTOPSY.....

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) W B Kelley, M. D.
7/11, 1931 (Address) W B Kelley

*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

Dover Cemetery July 12 1931

20. UNDERTAKER W B Kelley ADDRESS 217 Chambers Maywood Mo

AUG 26 1931

