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

Do not use this space.

41774

1. PLACE OF DEATH
County Perry
Township Central
City Perryville (No. ..... St. ..... Ward)

Registration District No. 660
Primary Registration District No. 4396

File No. 51
Registered No. .....

2. FULL NAME Leon P. Foherty
(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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

JAN 22 1932

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Mar 17. 1875

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	56	10	6	

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

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

PARENTS
10. NAME OF FATHER William P Foherty
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Emelina DeLassus
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Perry Co
(STATE OR COUNTRY) Mo

14. INFORMANT Mrs. L P Foherty
(Address) Perryville Mo

15. FILED 12/7 1931 Geo. J. Meeker
Jon Meeker REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 6 1931

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1926, to Dec 6, 1931 that I last saw him alive on Dec 1, 1931, and that death occurred, on the date stated above, at 1 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemorrhage (apoplexy)
131 (few minutes)
82A L.P. (duration) ..... yrs. ..... mos. ..... ds.
CONTRIBUTORY (SECONDARY) Arterio Sclerosis · Cardiac Bend
(duration) 5 yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED 82A
IF NOT AT PLACE OF DEATH .....
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....
(Signed) Geo. A. Blaylock, M. D.
, 19 (Address)

*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
Mount Hope Cems.	Nov 8 1931
20. UNDERTAKER	ADDRESS
Zoellner & Young	Perryville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.