Dr. Schooley

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

Do not use this space.

13078

File No. 15

Registered No. 2

Registration District No. 464

Primary Registration District No. 4277

MAY 25 1932

1. PLACE OF DEATH

County Lafayette (54)

Township ~~Sni-Bar~~ (8)

City Odna Mo. (No. ..... St. ..... Ward) (7)

2. FULL NAME Albert Foulds

(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 17 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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~~ Mary Foulds

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 26-1846

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
86	1	1.	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired.

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Goshen Ohio

FATHER

13. NAME Thos H. Foulds

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

MOTHER

15. MAIDEN NAME Mary J. Maddox.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Baltimore

17. INFORMANT (ADDRESS) Mrs Mary E Foulds

18. BURIAL, CREMATION, OR REMOVAL PLACE Higginsville MO. DATE Apr 29. 1932

19. UNDERTAKER (ADDRESS) Blanton & Son

20. FILED 5-3 1932 R. C. Schooley Registrar

4. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/27/1932

22. I HEREBY CERTIFY, That I attended deceased from 4/3 1932 to 4/25 1932

I last saw him alive on 4/25 1932. Death is said to have occurred on the date stated above, at 6 P.M.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	4/20
Hemiplegia	
3 d	
4 d	

Other contributory causes of importance

Diabetes & Hypertrophy of prostate

Name of operation ..... Date of .....

What test confirmed diagnosis Clinical Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) R. J. Schooley, M. D.

(Address) Odna Mo.

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.