

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.

JUN 21 1932

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

Do not use this space.

15547

1. PLACE OF DEATH
20 County Cedar Registration District No. 163
1 Township _____ Primary Registration District No. 4095
2 City El Dorado Springs (No. _____ St. _____ Ward _____)
2. FULL NAME Elizabeth Foglesong
(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.

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 _____
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug-1-1846
7. AGE YEARS 85 MONTHS 9 DAYS 0 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housewife
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) Mo 1

MOTHER FATHER

13. NAME Charles Wilkinson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) S. Car 2
15. MAIDEN NAME Sarah Glenn
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo 1

17. INFORMANT Mrs. Bess Israel
(ADDRESS) El Dorado Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cem DATE 5/3 1932

19. UNDERTAKER Gevin Sides
(ADDRESS) El Dorado Springs Mo

20. FILED 5-2 1932 J. W. Dawson
Registrar.

1 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May-1-1932

22. I HEREBY CERTIFY, That I attended deceased from Mar 15 1932 to May 1 1932
I last saw her alive on April 30 1932 Death is said to have occurred on the date stated above, at 7 a m.

The principal cause of death and related causes of importance were as follows:
ruko conditis Date of onset ?

Other contributory causes of importance:
72B 92 (B) 21 (B)
(D)

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

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) L. J. Rungway, M. D.
(Address) El Dorado Springs, Mo

