

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 29 1932

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

Do not use this space.

16853

## 1. PLACE OF DEATH

69 County Monroe  
Township Jackson  
City (No. )

Registration District No. 582Primary Registration District No. 5779File No. 37Registered No. 1

St. \_\_\_\_\_ Ward \_\_\_\_\_

## 2. FULL NAME

JAMES PATTERSON FOREE(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)Length of residence in city or town where death occurred about 56 yrs. mos. ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. mos. ds. (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elizabeth Foree6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 29, 18487. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
84 1 2OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer  
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) March 1, 1932 11. Total time (years) spent in this occupation life12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo. 1FATHER 13. NAME Joseph Foree14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y. 2MOTHER 15. MAIDEN NAME (First Name N.K.) Shrader16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) N.Y.17. INFORMANT (ADDRESS) Walter Foree  
Paris, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE May 3, 193219. UNDERTAKER (ADDRESS) Speld & Blakey  
Paris, Mo.20. FILED 1 1932  
J. C. Payne  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

1 21. DATE OF DEATH (MONTH, DAY, AND YEAR) MAY 1 1932, 1922. I HEREBY CERTIFY, That I attended deceased from April 30, 1932, to \_\_\_\_\_, 19\_\_\_\_.I last saw him alive on April 30, 1932. Death is said to have occurred on the date stated above, at 7:30 a.m.

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

nephritis Date of onset \_\_\_\_\_130A 132

Other contributory causes of importance: \_\_\_\_\_

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? chemical 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) J. F. Bryant, M. D.(Address) Paris, Mo.

