

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

Do not use this space.

24529

1. PLACE OF DEATH

County..... Registration District No. 7011

Township..... Primary Registration District No. 10002

St. Louis City, Hospital (No. 5781)

File No.
Registered No. 6663
St. Ward)

2. FULL NAME

(a) Residence, No. 3519^a St. Louis Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 1 yrs. 2 mos. 5 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Haye Foley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov. 10 - 1896

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
35 | 8 | 12

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 58

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) St. Louis, Mo.

13. NAME James Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland

15. MAIDEN NAME Mary Traves

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Louis, Mo.

17. INFORMANT (ADDRESS) Hospital information City Hospital

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Olive DATE 7/21

19. UNDERTAKER (ADDRESS) Southern Union 6320 St. Grand Ave

20. FILED 19 1938 Miss O. Storch Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 18, 1932

22. I HEREBY CERTIFY, that I attended deceased from July 7, 1932 to July 18, 1932

I last saw him/her on July 18, 1932 Death is said to have occurred on the date stated above, at 5:30 a.m.

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

Acute Dilatation of Stomach with Paralytic Ileus
Bilateral inguinal hernia.
Other contributory causes of importance: 12 1/2
12
11

Name of operation Hernia Date of 7-9-32
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?
If so, specify _____

(Signed) James Johnson, M. D.
(Address) City Hospital

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

J. J. Jolley