

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

Do not use this space.

35514

1. PLACE OF DEATH  
 County Howard Registration District No. 376  
 Township Pratt Primary Registration District No. 4220  
 City Armstrong (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Thomas Clarence Foreman  
 (a) Residence, No. Armstrong St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 2 yrs. mos. 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 Lillie B Foreman

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 1 1869

7. AGE YEARS 63 MONTHS \_\_\_\_\_ DAYS 8 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 29

10. Date deceased last worked at this occupation (month and year) 1-9-32 11. Total time (years) spent in this occupation 18

12. BIRTHPLACE (CITY OR TOWN) Palmyra Missouri (STATE OR COUNTRY) \_\_\_\_\_

MOTHER FATHER

13. NAME Alexander Foreman

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

15. MAIDEN NAME Mary Pratt

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) \_\_\_\_\_

17. INFORMANT Nelle Foreman - daughter (ADDRESS) Armstrong Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Mo. DATE Nov 11 1932

19. UNDERTAKER W.H. Aldaker (ADDRESS) Armstrong Mo

20. FILED 11-10 1932 W.M. Anderson Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 9 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 9 1932 to Nov 9 1932  
 I last saw him alive on Nov 9 1932 Death is said to have occurred on the date stated above, at 3 p.m.  
 The principal cause of death and related causes of importance were as follows:  
Cerebral hemorrhage  
gla. gla. (sudden)  
gla. gla. (sudden)  
 Other contributory causes of importance:  
Chronic induration

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 N.M. Anderson M. D.  
 (Signed) \_\_\_\_\_ (Address) Armstrong Mo

Date of onset \_\_\_\_\_

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

MARGIN RESERVED FOR BINDING

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.

V. S. No. 2

