

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

Do not use this space.

38536

1. PLACE OF DEATH

County Buchanan
Township _____
City St Joseph Mo. (No. _____)

Registration District No. _____
Primary Registration District No. 1001
St. _____ Ward _____

File No. _____
Registered No. 1254
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)

Gray Kansas
(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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 15 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
38 7 3

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Garage Owner
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Garage 109
10. Date deceased last worked at this occupation (month and year) Dec 9, 1932 11. Total time (years) spent in this occupation 6

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wathena Kan.

FATHER 13. NAME Henry Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S.

MOTHER 15. MAIDEN NAME Ellen McCarthy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) U.S. Missouri

17. INFORMANT (ADDRESS) Myrtle Foley Gray Kansas

18. BURIAL, CREMATION, OR REMOVAL PLACE Gray Kan DATE Dec 19-32

19. UNDERTAKER (ADDRESS) Bleeman Albright

20. FILED DEC 18 1932

John R. Bender
Registrar

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Dec 12 1932 to Dec 18 1932
I last saw him alive on Dec 17 1932 Death is said to have occurred on the date stated above, at 3 a. m.

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

Broncho-pneumonia Date of onset Dec 10
11A
107A 11W
Other contributory causes of importance: 1
high fever

Name of operation None Date of _____
What test confirmed diagnosis? Microscopic 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) W. M. ... M. D.
(Address) 112 1/2 ...

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.

JAN 21 1933

FEB 5 1945

AUG 2 1946