

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

Do not use this space.

39945

4953

1. PLACE OF DEATH *Jackson*  
 County *Jackson* Registration District No. \_\_\_\_\_  
 Township *Raw* Primary Registration District No. \_\_\_\_\_  
 City *K. C. Mo.* (No. *General Hospital # 2*) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME *Cicero Foy*  
 (a) Residence, No. *2021 Holmes* St., \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode)  
 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <i>Male</i>	4. COLOR OR RACE <i>colored</i>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Widowed</i>
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>Jan. 3 1875</i>		
7. AGE	YEARS <i>57</i>	MONTHS <i>11</i>
	DAYS <i>18</i>	If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Night watchman</i>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <i>182</i>	
	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) <i> Tenn. 2</i>		
MOTHER FATHER	13. NAME <i>Unknown</i>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown 21</i>	
	15. MAIDEN NAME <i>Unknown</i>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Unknown</i>	
17. INFORMANT (ADDRESS) <i>Nettie Stearns 2021 Holmes</i>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <i>Glue Ridge</i>	DATE <i>12/24 1932</i>	
19. UNDERTAKER (ADDRESS) <i>Hickins Bros 1724 Lyden</i>		
20. FILED <i>12-24 1932</i>	<i>M. G. Crowe 2021 Registrar.</i>	

**MEDICAL CERTIFICATE OF DEATH**

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

22. I HEREBY CERTIFY, That I attended deceased from *Dec. 19 1932*  
*Deputy Coroner*  
 I last saw him alive on \_\_\_\_\_, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *1:40 P. M.*  
 The principal cause of death and related causes of importance were as follows:  
*Coronary sclerosis*  
*Chronic before myocarditis*  
 Date of onset \_\_\_\_\_  
 Other contributory causes of importance: *no*  
*936*  
*945*  
 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Autopsy* Was there an autopsy? *yes*

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) *C. F. Crowe*, M. D.  
 (Address) *Deputy Coroner*

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.

