

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

Do not use this space.

1. PLACE OF DEATH

County ST. CHARLES
Township ST. CHARLES
City (No.)

Registration District No. 757
Primary Registration District No. 5998

File No. 24191
Registered No. 129
St. Ward)

2. FULL NAME THOMAS FOREMAN

(a) Residence, No. St., Ward.

(Usual place of abode)

(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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) WIDOWED
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 12 1848
7. AGE YEARS 84 MONTHS 11 DAYS 13 If LESS than 1 day, hrs. or min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. FARMER
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. CHARLES

13. NAME WILLIAM FOREMAN

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

15. MAIDEN NAME SARAH YARNELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

17. INFORMANT JAMES YARNELL
(ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL
PLACE FOREMAN CEMETERY DATE July 27 1933

19. UNDERTAKER Morris Muschany
(ADDRESS) Hamburg Mo.

20. FILED 7/31/33 Clarence A. Wood
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/25 1933
22. I HEREBY CERTIFY, That I attended deceased from November 1st, 1932 to 7/25 1933
I last saw him alive on 7/23 1933. Death is said to have occurred on the date stated above, at 2:30 A.M.
The principal cause of death and related causes of importance were as follows:

Chronic
Interstitial Nephritis
131
Other contributory causes of importance: None
Date of onset 11/1/32

Name of operation none Date of

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury ✓ 1933
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 Dr. Joseph's chaper
(Signed) 99 University Club Bldg M.D.
St. Louis Mo

Address St. Louis Mo
7/25/33

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. AGE 20 1933

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

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