

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.

OCT 20 1933

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

Do not use this space.

30558

1. PLACE OF DEATH  
 County Polk Registration District No. 689  
 Township Buffalo Primary Registration District No. 3033  
 City Southma Mo (No. 120 N 7 E) St. 4 Ward 4

2. FULL NAME James William Fogarty  
 (a) Residence, No. 120 N 7 E St. 4 Ward 4  
 (Usual place of abode)  
 Length of residence in city or town where death occurred 17 yrs. mos. 09 How long in U. S., if of foreign birth? yrs. mos. ds.

File No. \_\_\_\_\_  
 Registered No. \_\_\_\_\_  
 St. 4 Ward \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2-1859

7. AGE YEARS 74 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. min.

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

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

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) Polk Mo

FATHER 13. NAME Wm A Fogarty 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Polk Mo

MOTHER 15. MAIDEN NAME Nancy Kissinger 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT Mr James Fogarty (ADDRESS) Southma Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Clarksville Mo DATE April 17 1933

19. UNDERTAKER W F Duda (ADDRESS) Southma Mo

20. FILED 9-16 1933 J. H. H. H. Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sep 15 1933

22. I HEREBY CERTIFY, That I attended deceased from Oct. 28 1933 to Sept 15 1933  
 I last saw him alive on Sept 15 1933 Death is said to have occurred on the date stated above, at 11:00 P.M.  
 The principal cause of death and related causes of importance were as follows:  
Bright's Disease Date of onset 1927

Other contributory causes of importance: \_\_\_\_\_

Name of operation None 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 \_\_\_\_\_  
 (Signed) Frank P. Lewellen, M. D.  
 (Address) Southma, Mo.

