

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

Do not use this space.

MAY 15 1935

1. PLACE OF DEATH

County Randolph

Registration District No. 735

File No. 14010

Township Moberly

Primary Registration District No. 3034

Registered No. 87

City Moberly

(No. 1010 Myra)

St. Mo. Ward 1

2. FULL NAME Mary Elizabeth Foley

(a) Residence, No. 1010 Myra St. Mo. Ward 1

(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

MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 25th 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Apr 12th 1935 to Apr 20th 1935

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 9th 1950

I last saw h. alive on Apr. 23rd 1935 Death is said to have occurred on the date stated above, at 9:45 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 10 16

The principal cause of death and related causes of importance were as follows:
Apr. 12th 1935
Fracture of hip
Allowed by pneumonia

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

Other contributory causes of importance:
161

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky

Name of operation Date of

FATHER 13. NAME Joseph Shadman

What test confirmed diagnosis? Was there an autopsy?

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

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide. accident Date of injury 4/12 1935

MOTHER 15. MAIDEN NAME Melvina Wise

Where did injury occur? Moberly Mo
(Specify city or town, county, and State)

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

Specify whether injury occurred in industry, in home, or in public place
in a chair in hip in home

17. INFORMANT O. F. Evans

Manner of injury Fall

(ADDRESS) Moberly Mo

Nature of injury Fracture of hip

18. BURIAL, CREMATION, OR REMOVAL PLACE Moberly Mo DATE Apr. 26th 1935

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER Mahan of Son

If so, specify Moberly Mo

(ADDRESS) Moberly Mo

(Signed) Moberly Mo, M. D.

20. FILED 4/25 1935 Augusta Walker Registrar

(Address) Moberly Mo

Exact statement of OCCUPATION is very important.

