

JAN 23 1935

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

Do not use this space.

39483

1. PLACE OF DEATH

County JACKSON Registration District No. 391
Township RAW Primary Registration District No. 1002
City KANSAS CITY (No. 1212, TOPPING St. _____ Ward _____)

File No. _____
Registered No. 4619
St. _____ Ward _____

2. FULL NAME WILLIAM M FOLEY

(a) Residence, No. 1212-TOPPING St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 6 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 MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF MRS. MARTHA FOLEY

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV. 8-1845

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>90</u>	<u>0</u>	<u>26</u>	

OCCUPATION 8. Trade, profession, or particular kind of work done, as apianer, sawyer, bookkeeper, etc. 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) VIRGINIA

FATHER 13. NAME CHARLES FOLEY

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

MOTHER 15. MAIDEN NAME JUDY SNEED

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

17. INFORMANT MR. WILLIAM FOLEY
(ADDRESS) 1212 TOPPING AVE.

18. BURIAL, CREMATION, OR REMOVAL
PLACE LONG TREE, MD. DATE DECEMBER 6, 1935

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) KANSAS CITY MISSOURI

20. FILED Nov 5 1935 M. M. Cronin
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DECEMBER 4 1935

I HEREBY CERTIFY, That I attended deceased from Nov 29 1935, to Dec 4 1935
I last saw him alive on Dec 4 1935. Death is said to have occurred on the date stated above, at 9:30 A.M.

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

Bronchopneumonia
Other contributory causes of importance: 1070

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ 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? _____
If so, specify _____

(Signed) J. E. Brown, M. D.
(Address) 624 1/2 S. 15th St. Kansas City

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.

WHITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

NO 2

7 000

6241 - East 15th St

1-1:30