

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

Do not use this space.

14476

1. PLACE OF DEATH *Cedar*
 County *Madison* Registration District No. *167*
 Township *Madison* Primary Registration District No. *5232*
 City *Greenfield* (No.) St. Ward (.....)

2. FULL NAME *Mary Minerva Foy*
 (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 *Female* 4. COLOR OR RACE *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write the word*) *Widowed*

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *Geo. Allen Foy*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *July 12 - 1854*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 8 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *None*
 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) *Owerton Tex.*

FATHER 13. NAME *Lachia Langford*
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*

MOTHER 15. MAIDEN NAME *Mary Jane Hayton*
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Texas*

17. INFORMANT (ADDRESS) *Mrs. Lonnie Fox*
Crop. Mrs.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE *Bald mound* DATE *April 25 1936*

19. UNDERTAKER (ADDRESS) *J. U. Ward*
Greenfield, Mo.

20. FILED *May 11 1936* *B. A. Cheek*
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 23 1936*

22. I HEREBY CERTIFY, That I attended deceased from *Mar 13 1926* to *Apr 23 1936*
 I last saw her alive on *Apr 23 1936* Death is said to have occurred on the date stated above, at *10 P.M.*
 The principal cause of death and related causes of importance were as follows:
Intestinal Suffering Date of onset *Apr 20 36*

Other contributory causes of importance:
general debility & emphysema

Name of operation 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) *B. B. Kirby* M. D.
 (Address) *Daderick, Mo.*

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 PLAIN; WITH GRADING MARKS THIS IS A PERMANENT RECORD

