

JUN 27 1936

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

Do not use this space.

21777

1. PLACE OF DEATH

County Vernon Registration District No. 875-  
Township Washington Primary Registration District No. 6162-  
City Nevaldes (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 148

2. FULL NAME

Foltz, Mary Jane  
(a) Residence, No. State Hospital No 3, Nevada Mo (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 2 mos. 23 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) Widow  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 15/1852  
7. AGE YEARS 83 MONTHS 7 DAYS 29 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife  
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) Vernon Co, Mo

13. NAME Andrew Townsend

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

15. MAIDEN NAME Leah Pryor

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

17. INFORMANT Mrs A. B. Gordon (ADDRESS) Statebury Mo

18. BURIAL, CREMATION, OR REMOVAL Statebury Mo

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevaldes Mo

20. FILED 5-16 1936 M. Acidinger Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 1936  
22. I HEREBY CERTIFY, That I attended deceased from Feb 21, 1935, to May 14, 1936  
I last saw him alive on May 13, 1936 Death is said to have occurred on the date stated above, at 7:30 a.m.  
The principal cause of death and related causes of importance were as follows:

Acute myocardial failure  
Chronic myocardial failure  
hypertensive (hypostatic)  
Branchio-arteriosclerosis  
Other contributory causes of importance: \_\_\_\_\_  
Date of onset 4-13-36

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 wound  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? no  
If so, specify \_\_\_\_\_  
(Signed) Flora W. Pearce M. D.  
(Address) State Hospital No 3, Nevada

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.

20M-2-19-36 1 X7284

