

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

Do not use this space.

**FEB 16 1937**

615

**1. PLACE OF DEATH**

County Clay Registration District No. 198  
 Township Franklin Rural Primary Registration District No. 3081  
 City Excelsior Spgs (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** Cedrina K. Foley

(a) Residence, No. 204 West Broadway St. \_\_\_\_\_ Ward \_\_\_\_\_  
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 45 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) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 2, 1937

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

22. I HEREBY CERTIFY That I attended deceased from Jan 20, 1937, to Jan 2, 1937.  
 I last saw him alive on Jan 2, 1937. Death is said to have occurred on the date stated above, at 6:45 p.m.  
 The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 12 - 1865  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
71 2 20

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Rail Road  
 10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

Cardiac decomposition  
 Other contributory causes of importance:  
Mitral insufficiency  
Cardiac hypertrophy

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

13. NAME William H. Foley

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

15. MAIDEN NAME Lillie Kidd

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

17. INFORMANT (ADDRESS) Anna Foley one

18. BURIAL, CREMATION, OR REMOVAL PLACE Crown Hill DATE Jan 2 1937

19. UNDERTAKER (ADDRESS) John C. Prather

20. FILED 1-3-1936 Miss R. Mc Registrar

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

23. If death was due to internal 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 where the 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) E. D. Mcgraves M. D.  
 (Address) Excelsior Springs Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

