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.

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

EB 25 1937

Do not use this space.

1404

1. PLACE OF DEATH

County Jackson — Registration District No. 399 — File No. [illegible]

Township Kaw — Primary Registration District No. 1002 — Registered No. [illegible]

City Kansas City (No. Wesley Hospital St. Ward)

2. FULL NAME Mrs. Deborah H Foy

(a) Residence, No. 5411 Olive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1894

7. AGE: YEARS 42 — MONTHS 7 — DAYS 14 — If LESS than 1 day, ...hrs. or ....min.

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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson County, Missouri

FATHER

13. NAME D. J. Ring
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Susie Lakey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) John D Foy 5411 Olive

18. BURIAL, CREMATION, OR REMOVAL
PLACE Calvary Cemetery DATE Jan 15 1937

19. UNDERTAKER (ADDRESS) Quirk & Tobin Co. 20 West Linwood

20. FILED Jan 13 1936 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 12 1937

22. I HEREBY CERTIFY, That I attended deceased from Mar 2, 1936, to Jan 12, 1937

I last saw her alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 8:00 P M

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

Terminal heart failure from Carcinoma lungs (Primary seat of Ca unknown) — Date of onset 3-2-36

Other contributory causes of importance: Carcinoma of right breast

Name of operation no — Date of no

What test confirmed diagnosis? X Ray — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? no — Date of injury no, 19 no

Where did injury occur? no (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. no

Manner of injury no

Nature of injury no

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

If so, specify

(Signed) J. F. Mackey, M. D.

(Address) Professional Bldg