AUG 18 1937

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

Do not use this space.

26541

File No.

Registered No.

1. PLACE OF DEATH

County Andrew, Registration District No. 13

Township Primary Registration District No. 4010

City Savannah, (No. Dr. Nichols Sanitorium, St. Ward)

2. FULL NAME George Wesley Fouche,

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

Length of residence in city or town where death occurred yrs. mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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 Daissie Fouche,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct.8th.1871

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
65	8	23	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farm

10. Date deceased last worked at this occupation (month and year) July 1937.

11. Total time (years) spent in this occupation 44

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clarke County, Iowa,

FATHER

13. NAME James Fouche,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Indiana,

MOTHER

15. MAIDEN NAME Frances Girthoffer,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Germany,

17. INFORMANT (ADDRESS) Chester Fouche R.F.D.# 1, Osceola, Iowa,

18. BURIAL, CREMATION, OR REMOVAL PLACE Osceola, Iowa DATE July 2nd 1937

19. UNDERTAKER (ADDRESS) Frank A. Bowman Savannah, Mo

20. FILED July 1 1937 Mrs A R King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 1, 1937

22. I HEREBY CERTIFY That I attended deceased from June 22 1937, to July 1, 1937

I last saw him alive on July 1 1937 Death is said to have occurred on the date stated above, at 6:20 P.M.

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

	Date of onset
Cerebral Hemorrhage	7/1/37
Other contributory causes of importance:	
arteria sclerosis	(?)

82a

Name of operation Date of

What test confirmed diagnosis? Physical Findings 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? No

If so, specify

(Signed) S. E. Methuny, M. D.

(Address) Savannah, 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.