

REC'D APR 23 1938

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

9650

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
(b) Township Yean Primary Registration District No. 1002 Registered No. 1115
(c) City Jackson City (d) Street No. General Hosp St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

2. PRINT FULL NAME

(a) Residence, No. 1810 Washington St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, give county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M.</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widow</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Stone</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 29, 1864</u>		
7. AGE <u>73</u>	YEARS <u>5</u>	MONTHS <u>9</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>None</u>		IF LESS than 1 day, hrs. or min.
9. Industry or business in which work was done, as saw mill, bank, etc.		11. Total time (years) spent in this occupation <u>1</u>
10. Date deceased last worked at this occupation (month and year)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>		
13. NAME <u>Henry Foley</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Key</u>		
15. MAIDEN NAME <u>Unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u>		
17. INFORMANT (ADDRESS) <u>Albert Stone</u> <u>1810 Washington</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fairview Cemetery</u> DATE <u>3/11/38</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>John Bently Funeral Home</u> <u>5811 DuSable</u>		
20. FILED <u>Nov 11, 1938</u> M. M. Brown Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-11 1938 to 3-9 1938
I last saw him alive on 3-9 1938 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:
Fracture of left hip - accidental fall in home
Other contributory causes of importance: Decubitus ulcer

Name of operation _____ Date of _____
What test confirmed diagnosis? Autopsy as there an autopsy? Yes

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?
If so, specify _____
(Signed) J. T. De Maria, M. D.
(Address) Sup. KC General Hosp
J. C. King

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)