

REC'D APR 14 1938

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

Do not use this space.

10178

1. PLACE OF DEATH
County..... BUCHANAN
Township..... WASHINGTON
City..... ST. JOSEPH, (No. 1)

Registration District No. 85
Primary Registration District No. 1001
808 MASON STREET, St. Ward)

2. FULL NAME MRS. IDA M. FOLEY 400
(a) Residence, No. 808 MASON S. TREET, St. Ward.
(Usual place of abode)
Length of residence in city or town where death occurred 38 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) WIDOWED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF A. J. DECEASED

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) AUGUST 11, 1864

7. AGE YEARS 73 MONTHS 7 DAYS 4 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. HOME

10. Date deceased last worked at this occupation (month and year) UNK 11. Total time (years) spent in this occupation UNK

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) JERSEYVILLE, ILLINOIS

13. NAME UNKNOWN

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

15. MAIDEN NAME VERMART SPERRY

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

17. INFORMANT (ADDRESS) NETTIE FOLEY, 808 MASON ST., ST. JOSEPH, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE I. O. O. F. CEM. DATE MARCH 17, 1938.

19. UNDERTAKER (ADDRESS) FLEEMAN & SON, INC. 1946 COLHOUN ST. ST. JOSEPH, Mo.

20. FILED 3/16 1938 J. H. Hedberg Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) MARCH 15, 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 2-15-1938 to 3-15-1938. I last saw h. ER alive on 3-15-1938. Death is said to have occurred on the date stated above, at 5:35 A.M.

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

Arteriosclerosis

Other contributory causes of importance:

Arteriosclerosis

Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? 70

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? 70. If so, specify..... (Signed) J. H. Hedberg (Address) Kirkpatrick Bldg.

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.

