

REC'D JUN 9 1938

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

17204

Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township Kaw Primary Registration District No. 1002 Registered No. 1901
 (c) City Kansas City (d) Street No. Research Hospital 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. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Cora May Foy
 (a) Residence, No. Hutchinson, Kansas St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>M. C. Foy</u>				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>MAY 5, 1880</u>				
7. AGE	YEARS <u>58</u>	MONTHS <u>0</u>	DAYS <u>1</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>housewife</u>			
	9. Industry or business in which work was done, as saw mill, bank, etc.			
	10. Date deceased last worked at this occupation (month and year)			
				11. Total time (years) spent in this occupation <u>1</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u> <u>9</u>				
FATHER	13. NAME <u>Wm Rosenberger</u> <u>9</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
MOTHER	15. MAIDEN NAME <u>unknown</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>			
17. INFORMANT (ADDRESS) <u>M. C. Foy</u> <u>Hutchinson, Kansas</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hutchinson</u> DATE <u>May 6, 1938</u>				
19. FUNERAL DIRECTOR (NAME) (ADDRESS) <u>DeWnew Center's Son</u> <u>13 Rushcreek - Gascon</u>				
20. FILED <u>May 6, 1938</u> <u>M. M. Brown</u> Local Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 6, 1938
 22. I HEREBY CERTIFY, That I attended deceased from April 2, 1938 to April 6, 1938
 I last saw her alive on April 5, 1938. Death is said to have occurred on the date stated above, at 8:05 a.m.
 The principal cause of death and related causes of importance were as follows:

Brain tumor, left frontal
chole glioma
(malignant) 13
 Date of onset 1 year

Other contributory causes of importance:

Name of operation Carotid Glycerol tumor Date of 5-5-38

What test confirmed diagnosis? operation Was 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? no

If so, specify Frank Reacher M. D.

(Address) 730 Professional Bldg
Kansas City, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed.....

Licensed Embalmer No. 3976

P. O. Address 1401 Brush

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.)

If this body is not embalmed, above space should be left blank.