CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

REC'D AUG 26 1938

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

Do not use this space.

26159

1. PLACE OF DEATH
County Pettis
Township
City Sedalia (No. ..... St. ..... Ward)

Registration District No. 668
Primary Registration District No. 3032

File No. ~~202~~ 201
Registered No. 668

2. FULL NAME Chas. William Folles, 420
(a) Residence, No. 502 W Clay St., ... Ward.
(Usual place of abode)
(If nonresident, give city or town and State)
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: M
4. COLOR OR RACE: negro
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Hannah Folles

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 18-1874

7. AGE: YEARS 64 | MONTHS 1 | DAYS 12 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Shop Fireman
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): Pettis County

FATHER
13. NAME: James Edward Folles
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER
15. MAIDEN NAME: Dont Know.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know

17. INFORMANT (ADDRESS): Hannah Folles, 502 W. Clay St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Sedalia Mo DATE July 3 1938

19. UNDERTAKER (ADDRESS): Price Alexander, 400 W Cooper

20. FILED July 3 1938 Jean Slack, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): June 30, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1937, to June 30, 1938
I last saw him alive on June 30, 1938. Death is said to have occurred on the date stated above, at 18 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Insufficiency	
95 P2	

Other contributory causes of importance:

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

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) D. W. Dancey, M. D.
(Address) Bedding Ind