

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.

RECD FEB 25 1939
D. Reifflacker

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

Do not use this space.

1. PLACE OF DEATH
 80 County Pettis 2 Registration District No. 668
 4 Township Sedalia Primary Registration District No. 3032
 4 City Sedalia (No. _____) St. _____ Ward _____

2. FULL NAME Hrs. Mary Jane Foley
 (a) Residence, No. 11031 S. Harrison 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.

3444
 File No. 20
 Registered No. 128
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 2, 1938

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
1 25

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

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Georgetown Missouri
 13. NAME Hugo Foley
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hustonia Missouri
 15. MAIDEN NAME Etta Mae Brooks
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hughesville Missouri

FATHER
 17. INFORMANT Hugo Foley (ADDRESS) Sedalia Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Hopewell DATE Jan 28 1939

19. UNDERTAKER Mrs. Fay Gilling Bros (ADDRESS) Sedalia Mo.

20. FILED Jan 30 1939 Mrs. Harry Sweet Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27 - 1939

22. I HEREBY CERTIFY, That I attended deceased from As Coroner Case only, 19____
 I last saw As Coroner Case only, 19____. Death is said to have occurred on the date stated above, at 4:00 P.M.
 The principal cause of death and related causes of importance were as follows:
Accidentally smothered to death while sleeping
 Date of onset _____

Other contributory causes of importance:
None

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? Accident Date of injury Jan 27, 1939
 Where did injury occur? Sedalia Mo.
 (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. _____
 Manner of injury None
 Nature of injury Smothered to death while sleeping in bed

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____
 (Signed) Charles Reifflacker M. D.
 (Address) Corning, Pettis County

St. J.

RECEIVED
District Court, Officer No. 8,
District File Number 28/39
Date Filed _____

REC'D FEB 25 1936

asked Dr. Stauffer
for a ~~report~~ ^{report} on the
cause of this death
but he said all he
could say was "accidental".

S-3444

Jan. 27, 1939