WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

LEGD MAY 12 1939

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

Do not use this space.

1. PLACE OF DEATH

County Barton 2 Registration District No. 41 File No. 14161

Township Ozark 1 Primary Registration District No. 5062 Registered No.

City Liberal (No. , St. Ward)

2. FULL NAME John Henry Foote

(a) Residence, No. Liberal Mo St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: white
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Emma Foote

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): May 21, 1875

7. AGE: YEARS 63 MONTHS 10 DAYS 28 If LESS than 1 day, ....hrs. or ....min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Public School

10. Date deceased last worked at this occupation (month and year) 4-17-39

11. Total time (years) spent in this occupation 4

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Northfield Indiana

FATHER

13. NAME: Amos B. Foote

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Ohio

MOTHER

15. MAIDEN NAME: Virginia Frances Kuntz

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Indiana

17. INFORMANT (ADDRESS): ( Mrs. ) Emma Foote Liberal, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Lamar, Mo. DATE April 21, 1939

19. UNDERTAKER (ADDRESS): Berkey Funeral Service Fulberry, Kansas

20. FILED April 22 1939 F R Spell M.D. Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 19, 1939

22. I HEREBY CERTIFY, That I attended deceased from Apr 17, 1939, to Apr 18, 1939

I last saw him alive on Apr 18, 1939. Death is said to have occurred on the date stated above, at 1:30 A.m.

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

Apoplexy

Date of onset

8241

Other contributory causes of importance:

Hypertension

Name of operation None Date of 0

What test confirmed diagnosis? Hemiplegia Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? No Date of injury 0, 1939

Where did injury occur? 0 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. 0

Manner of injury 0

Nature of injury 0

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify 0

(Signed) A. G. Eddleman, M. D.

41 (Address) Liberal, Mo.