

JUN 13 1939

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

18401

Do not use this space.

1. PLACE OF DEATH

(a) County Madison Registration District No. 2015
 (b) Township Fishing River Primary Registration District No. 5280 Registered No. _____
 (c) City _____ (d) Street No. _____ 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 71 yrs. 7 mos. 14 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 2015 Liberty R# 31 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Beard Foley
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 8-1867
 7. AGE YEARS 71 MONTHS 7 DAYS 14 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. for Beef
 10. Date deceased last worked at this occupation (month and year) one day 11. Total time (years) spent in this occupation 60

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Liberty Mo

13. NAME Henry C. Foley

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

15. MAIDEN NAME Rebecca Brock

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

17. INFORMANT (ADDRESS) Mrs W. A. Minter R# 3 Liberty Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 5/23/39

19. FUNERAL DIRECTOR (ADDRESS) W. A. Minter R# 3 Liberty Mo

20. FILED 5-29 1939 W. A. Minter Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from _____, to _____, 19____
 I last saw him _____ alive on Apr 20, 19____. Death is said to have occurred on the date stated above, at 12:59 a.m.
 The principal cause of death and related causes of importance were as follows:

Influenza Pneumonia Date of onset _____

Other contributory causes of importance: 97

Name of operation None Date of _____
 What test confirmed diagnosis? History Was there an autopsy? no

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 _____
 (Signed) W. A. Minter, M. D.
 (Address) 30 W. W. W. St. Liberty Mo

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

..... L. E.

No. or by, Registered Apprentice No.

working under my personal supervision.

Signed

Licensed Embalmer No.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do the above constitutes grounds for revocation of license.)

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

18401-39
Do not use this space.

1. PLACE OF DEATH
(a) County Clay Registration District No. 201
(b) Township Fighting River Primary Registration District No. 5277B Registered No. 191x
(c) City _____ (d) Street No. _____ 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 Daniel Foley
(a) Residence, No. Liberty Rt # 3 St. []
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widower

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Kate Bend Foley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
71 7 14

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. for self
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) Liberty Clay Co Mo

FATHER
13. NAME Henry C Foley
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett Mo

MOTHER
15. MAIDEN NAME Rebecca Beck
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kenett Mo

17. INFORMANT (ADDRESS) Mrs W H Minter Liberty Rt # 3
18. BURIAL, CREMATION, OR REMOVAL PLACE Liberty Mo DATE 5/23 1939

19. FUNERAL DIRECTOR (ADDRESS) Church & Archer

20. FILED Jaws 19 40 21 Mo Kenett Mo
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 22 1939

22. I HEREBY CERTIFY, That I attended deceased from _____ to _____, 19____.

I last saw him _____ alive on _____ 19____. Death is said to have occurred on the date stated above, at 12:15 a.m.
The principal cause of death and related causes of importance were as follows:
Arterio Sclerosis Date of onset _____

Other contributory causes of importance: _____

Name of operation none Date of _____ no
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 wt dyspnea
(Signed) [Signature], M. D.
(Address) Liberty Mo.

N. B.—Every item of information should be carefully checked for accuracy. Exact state, county, township, and primary registration district of occurrence are especially important. Cause of death in plain terms, so that it may be properly classified. Registrar's name and address must be given. Registrar's name and address must be given. Registrar's name and address must be given.

REGISTRARS SMALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED. PRESCRIBED BY LAW.

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