

FILED MAY 12 1941

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

15203
Do not use this space.

1. PLACE OF DEATH

(a) County Moniteau Registration District No. 577
(b) Township Pine Grove Primary Registration District No. 5775
(c) City _____ (d) Street No. 1 St.
(e) Length of residence in city or town where death occurred yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number)
How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. Whiteau Co. rd. St. Rural
(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 <u>Male</u>	4. COLOR OR RACE <u>W</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>Mattie Foote</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 16 - 1868</u>		
7. AGE YEARS <u>73</u>	MONTHS <u>3</u>	DAYS <u>13</u>
If LESS than 1 day, hrs. or min.		
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Farmer</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		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Jettie Co Mo</u>		
FATHER	13. NAME <u>John Foote</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ill</u>	
MOTHER	15. MAIDEN NAME <u>Don't Know</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Mich</u>	
17. INFORMANT (ADDRESS) <u>Eugene C. Foote 1231 Pennsylvania St. C. Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Latham Cem</u> DATE <u>5/11</u> IS <u>at</u>		
19. FUNERAL DIRECTOR (ADDRESS) <u>Halleaus & Frydmyer California Mo</u>		
20. FILED <u>5-1</u> 1941 <u>Nadine Latham</u> Local Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 29, 1941

22. I HEREBY CERTIFY, That I attended deceased from May 20, 1941 to April 29, 1941
I last saw him alive on April 28, 1941. Death is said to have occurred on the date stated above, at 3:30 a.m.
The principal cause of death and related causes of importance were as follows:
Coronary Heart Disease
Cause unknown
Date of onset about 1 yr ago

Other contributory causes of importance:
Chronic Nephritis
Cause & type unknown
12/18

Name of operation None Date of _____
What test confirmed diagnosis physical exam 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) A. L. Latham M. D.
(Address) California Mo.

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.

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 *Hugh E Williams*

Licensed Embalmer No. *3537*

P. O. Address *California M*

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.