

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

Do not use this space.

843

1. PLACE OF DEATH

County Henry Registration District No. 347 File No. _____
 Township _____ Primary Registration District No. 3018 Registered No. 6
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. west jeff 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 white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 13 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3 13

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

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) west virginia?

13. NAME Chas Franklyn Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Norfolk ver

15. MAIDEN NAME Don't know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) 11 4 31

17. INFORMANT Ernest Foley (ADDRESS) Clinton

18. BURIAL, CREMATION, OR REMOVAL PLACE Clinton DATE 1-27 32

19. UNDERTAKER Spoonson (ADDRESS) Clinton mo.

20. FILED 1/27 1932 Ed C. Peelon Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 26 1932

22. I HEREBY CERTIFY, that I attended deceased from Jan 20 1932 to Jan 26 1932
 last saw him alive on Jan 23 1932 Death is said to have occurred on the date stated above, at 1240 P.M.

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

Intestinal Bleed Date of onset _____

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 _____ 1932
 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 D

24. Was disease or injury in any way related to occupation of deceased? _____ If so, specify _____

(Signed) Samuel A. Poague M. D.
 (Address) Clinton Mo.

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.

REC'D 4 1932

