

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.

FEB 27 1937

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

Do not use this space.

1067

1. PLACE OF DEATH

County Henry

Registration District No. 347

File No.

Township

Primary Registration District No. 3078

Registered No.

City Clinton (No.)

St. Ward)

2. FULL NAME

Jarvis Richard Foley

(a) Residence, No. W Jeff St. Ward.

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 17 1899

7. AGE YEARS 37 MONTHS 6 DAYS 13 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 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) Henry Co (STATE OR COUNTRY) Mo

FATHER 13. NAME Le Roy Foley

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

MOTHER 15. MAIDEN NAME Lella Leman

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

17. INFORMANT Mrs Iva Foley (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE England DATE 2/1 37

19. UNDERTAKER Compulsor Beck (ADDRESS) Clinton Mo

20. FILED 2-6 1937 J. R. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-30 1937

22. I HEREBY CERTIFY, That I attended deceased from 1-25 1937, to 1-30 1937

I last saw him alive on 1-30 1937 Death is said to have occurred on the date stated above, at 9:30 pm

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

Lobar Pneumonia Date of onset 1-20-37

Other contributory causes of importance: Followup flew

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

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 (Signed) J. R. Hampton, M. D.

(Address) Clinton Mo

