SEP 25 1930

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

Do not use this space.

File No. 27318
Registered No. 219

1. PLACE OF DEATH
County: Mercer
Township: Morgan
City: Princeton (No. ..... St. ..... Ward)
Registration District No. 556
Primary Registration District No. 4338

2. FULL NAME R. C. Foley

(a) Residence. No. ..... St., ... 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 23, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
	73	1	4	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Government Position
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): Davis County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: James Foley
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Kentucky
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER: Green
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Kentucky
(STATE OR COUNTRY)

14. INFORMANT: Mrs. Loyd Covey
(Address): Princeton, Mo.

15. FILED 8/30, 1930 J M Purrell REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Aug 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Aug. 16, 1930, to Aug. 27, 1930, that I last saw h. alive on Aug. 26, 1930, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage from Brain
Secondary Paralysis Bilat.
Probable Arteriosclerosis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Apoplexy
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED? [illegible]
IF NOT AT PLACE OF DEATH? [illegible]
DID AN OPERATION PRECEDE DEATH? No. DATE OF [illegible]
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? [illegible]
(Signed) C W Stacy, M. D.
8/28, 1930 (Address) Princeton, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Princeton Cemetery	Aug 31 1930
20. UNDERTAKER	**ADDRESS**
Noel Moss	Princeton

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.

11/25/70
KP

Facial paralysis also right Arm
Progressive. Rupture of Ventriculo-striatic
Apoplexy.