

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

Do not use this space.

40736

1. PLACE OF DEATH

County Henry Registration District No. 347
 Township _____ Primary Registration District No. 5488
 City Near Clinton (No. _____) St. _____ Ward _____

File No. _____

Registered No. 120

2. FULL NAME George Franklin 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 M 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED wid (write the word)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) mar 16 - 1856

7. AGE YEARS 77 MONTHS 9 DAYS 15 If LESS than 1 day, _____ hrs. or _____ min.

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) (STATE OR COUNTRY) Louisa Co West Va

13. NAME Chas Wm Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME " "

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

17. INFORMANT Clarence Foley (ADDRESS) Clinton mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Miami mo DATE 12-24 1931

19. UNDERTAKER Spoon + son (ADDRESS) Clinton mo

20. FILED 12/24 1931 Ed C. Peelor Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 21 1931

22. I HEREBY CERTIFY, That I attended deceased from Aug 31 1931, to Dec 20 1931

I last saw him alive on Dec 21 1931 Death is said

to have occurred on the date stated above, at 3:20 P.M.

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

Uremia
132A
132B
 Other contributory causes of importance:
Bright's Disease

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____

If so, specify _____ (Signed) Her Inley _____, M. D.
 (Address) Clinton 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.

