

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

Do not use this space.

13782

MAR 26 1936

1. PLACE OF DEATH
 County Texas Registration District No. 568
 Township Shurell Primary Registration District No. 6149
 City Licking (No. _____) St. _____ Ward _____

2. FULL NAME Virgil 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

MEDICAL CERTIFICATE OF DEATH

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 29, 1913

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
	<u>22</u>	<u>2</u>	<u>2</u>	

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) Feb 1936

11. Total time (years) spent in this occupation 10

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking MO

13. NAME Mrs Foley

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking MO

15. MAIDEN NAME Emma Whitby

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Licking MO

17. INFORMANT (ADDRESS) Phos Haley Licking

18. BURIAL, CREMATION, OR REMOVAL PLACE Willigins Cem DATE Mar 2 36

19. UNDERTAKER (ADDRESS) Smith Ferguson Licking MO

20. FILED 3/2 19. 36 J. H. Wood Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) _____, 1936

I HEREBY CERTIFY, That I attended deceased from Feb 22, 1936 to Feb 22, 1936

I last saw him alive on Feb 1, 1936 Death is said to have occurred on the date stated above, at 8:30 a.m.

The principal cause of death and related causes of importance were as follows:
Pulver Pneumonia Date of onset 2/22/36

Other contributory causes of importance: 108

Name of operation _____ Date of _____

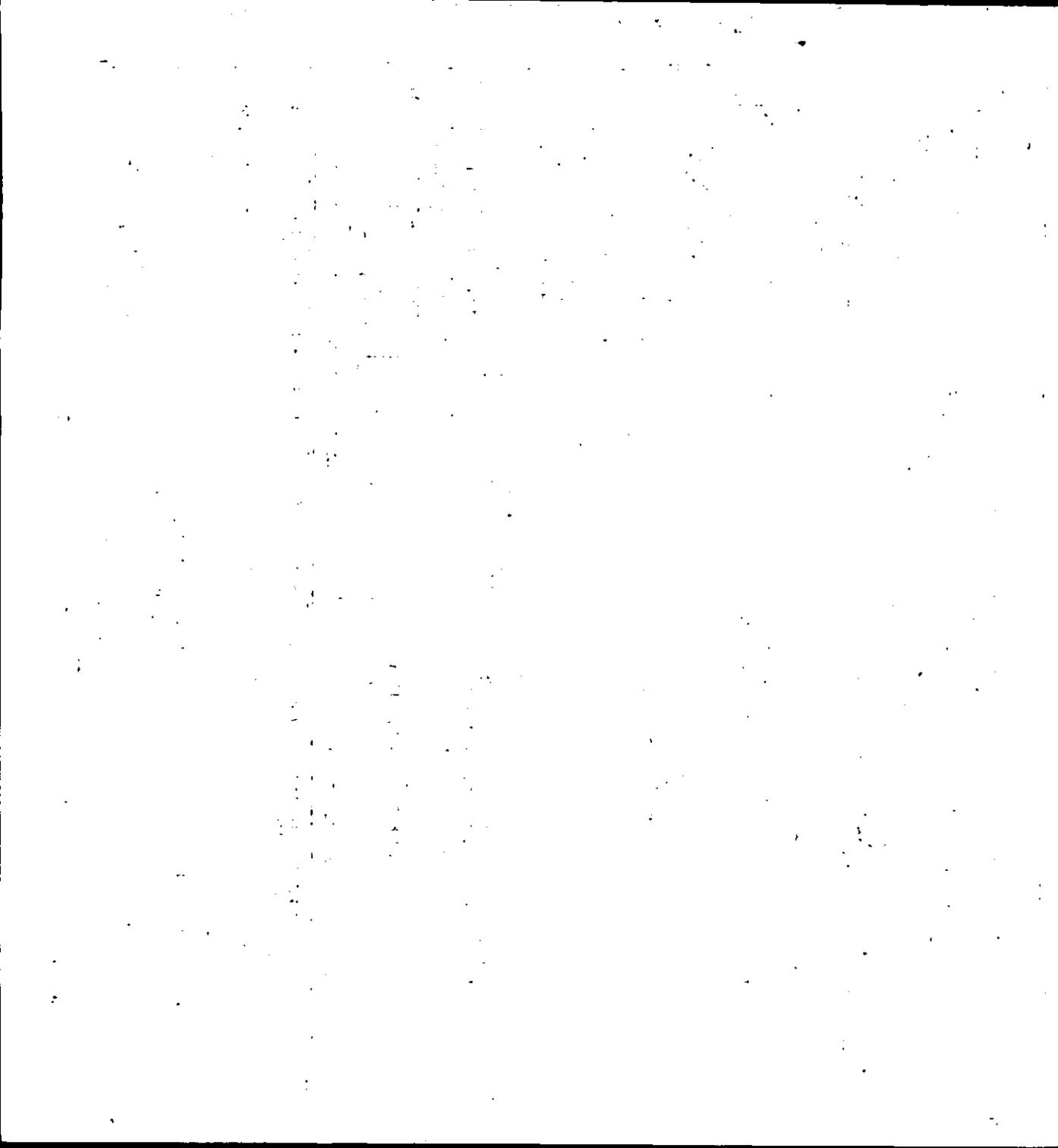
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 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) J. H. Wood, M. D.
 (Address) Licking

Every item of information should be carefully supplied. A CE should be stated EARLY. FALSIFICATIONS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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