

NOV 17 1938

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

Dr. R. Williams

35756  
Do not use this space.

1. PLACE OF DEATH

(a) County Greene Registration District No. 316  
 (b) Township N. Camas Primary Registration District No. 5439 Registered No. 773  
 (c) City Springfield (d) Street No. Federal Transient Camp, Route #11 St. \_\_\_\_\_  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME James Foy

(a) Residence, No. Transient Camp, Springfield, Mo. St. \_\_\_\_\_  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30, 1860

7. AGE YEARS 78 MONTHS 6 DAYS 19 If LESS than 1 day, ..... hrs. or ..... min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.  
 9. Industry or business in which work was done, as saw mill, bank, etc. unemployed  
 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) Homesdale, Pennsylvania

FATHER 13. NAME Unknown

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

MOTHER 15. MAIDEN NAME unknown

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

17. INFORMANT (ADDRESS) Transient Camp Records, Springfield, Missouri.

18. BURIAL, CREMATION, OR REMOVAL PLACE Hazelwood Cem. DATE Oct 19, 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Herman H. Lohmeyer, Springfield, Missouri.

20. FILED 10-19-38 Chas. A. George Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 19, 1938, 1938

22. I HEREBY CERTIFY, That I attended deceased from Aug 1 1935, to Oct 19, 1938.  
 I last saw him alive on Oct 19, 1938. Death is said to have occurred on the date stated above, at 2:25 AM.

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

Valvular Heart Disease  
Came to Transient Camp sick  
Aug 1 - 1935

Other contributory causes of importance: Age

Name of operation None Date of \_\_\_\_\_  
 What test confirmed diagnosis? U Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? No 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 No  
 Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No.  
 If so, specify \_\_\_\_\_ (M. D.)  
 (Signed) Robert Williams (Address) Springfield 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.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, .....

....., or by T.R. Neale

Registered Apprentice No. 176, working under my personal supervision.

Signed Walter E. Hamilters

Licensed Embalmer No. 3808

P. O. Address Springfield, Mo.

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**