

JUN 22 1936

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

Do not use this space.

19960

1. PLACE OF DEATH

County Linn
Township Bucklin
City (No.)

Registration District No. 458
Primary Registration District No. 5663

File No. 11
Registered No.
St. Ward)

2. FULL NAME

George Foltz

(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 74 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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr. 22, 1857

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 1 4

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School Custodian

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Same

10. Date deceased last worked at this occupation (month and year) May 1933 11. Total time (years) spent in this occupation 14

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Holt Mo.

MOTHER FATHER 13. NAME George Foltz

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harisbury Pa.

15. MAIDEN NAME Christiana Upesup

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Barren Ridge N. Y.

17. INFORMANT (ADDRESS) Clifford Foltz

18. BURIAL, CREMATION, OR REMOVAL PLACE Morain Cemetery DATE May 28, 1936

19. UNDERTAKER (ADDRESS) C. A. Larson
Bucklin Mo.

20. FILED 5-27 1936 J. L. Cantwell
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 26, 1936

22. I HEREBY CERTIFY, That I attended deceased from 5/14, 1936, to 5/26, 1936

I last saw him alive on 5/26, 1936 Death is said to have occurred on the date stated above, at 2:05 P.M.

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

Chronic Myocarditis

Date of onset

Other contributory causes of importance:

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? No

If so, specify..... (Signed) D. L. Spear M. D.

(Address) Bucklin, Mo.

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

