

# Death Certificate.

## WICHITA, KANSAS.

NO INCOMPLETE RETURN WILL BE ACCEPTED.

Name, (in full) Mrs Harry Foy  
2. Color. White 3. Sex. Female 4. Conjugal relation. Married

5. Date of Death { Year 1900 } { Year 1860 } 7. Age { Years 40  
Month Dec 6. Of Birth { Month \_\_\_\_\_ } { Months \_\_\_\_\_ }  
Day 4 { Day \_\_\_\_\_ } { Days \_\_\_\_\_ }

8. Occupation House wife  
(Return occupation for all persons 10 years of age and over.)

9. Place of Birth Scotland  
10. Birthplace of Father Scotland  
11. Birthplace of Mother Scotland } State or Country.

12. Disease or Cause of Death:  
Chief Cause Consumption  
Contributing Cause \_\_\_\_\_

DURATION	

Place where Disease was Contracted, if other than place of death \_\_\_\_\_  
13. Place of Death, No. Norwich Kan Street \_\_\_\_\_ Ward \_\_\_\_\_  
If death occurred in an institution, give the name of same \_\_\_\_\_  
Length of time deceased was an inmate \_\_\_\_\_ and previous residence \_\_\_\_\_

14. Late Residence, Norwich Kansas  
Length of Residence (in city or town) \_\_\_\_\_

Undertaker H C Dunbar  
Place of Interment Highland Cemetery  
Signature Dr A J Goldsberry  
(Of physician or informant)

Date of Certificate \_\_\_\_\_ 19 \_\_\_\_\_

Filed in City Clerk's Office JAN 1 1901 19 \_\_\_\_\_

This form of Death Certificate was adopted by City Council January 8, 1900 Mrs M Collier



City - Clerk  
K.

FILL OUT IN NEAT LEGIBLE HAND.

*Non Resident*