

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED DEC 10 1951		Certificate of Death		State File No. 4666	
BIRTH NO.		STATE OF IDAHO		Local Reg. No. 617	
1. PLACE OF DEATH (Where deceased lived. If institution: residence before admission.)		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY Idaho		a. STATE Idaho			
b. CITY (If outside corporate limits, write RURAL and give township) Kootstia		b. COUNTY Idaho			
c. LENGTH OF STAY (in this place) 31 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) Kootstia			
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) Henry		b. (Middle) Evans		c. (Last) Foulks	
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 7 1866		9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR (Month) (Day) (Hour) (Min.)	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel owner-manager		10b. KIND OF BUSINESS OR INDUSTRY Hotel		11. BIRTHPLACE (State or foreign country) Lincoln Co. Kentucky	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13. FATHER'S NAME Unk.		14. MOTHER'S MAIDEN NAME Mary Unk.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S OWN SIGNATURE Beulah Foulks	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) 794X I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19. DATE OF OPERATION	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00 A.M., from the causes and on the date stated above.					
23a. SIGNATURE Claude T. Mury, Local Registrar		23b. ADDRESS Kootstia Idaho		23c. DATE SIGNED Dec. 11 1951	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 4 1951		24c. NAME OF CEMETERY OR CREMATORY Pine Grove Cem	
24d. LOCATION (City, town, or county) (State) Kootstia Idaho		25. FUNERAL DIRECTOR Claude T. Mury		ADDRESS Kootstia, Idaho	
DATE REC'D BY LOCAL REG. Dec. 1 1951		REGISTRAR'S SIGNATURE Claude T. Mury		FUNERAL DIRECTOR Claude T. Mury	