

JUL 28 1927

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

Do not use this space.

1. PLACE OF DEATH

County Marion
Township Liberty
City..... (No.....).....

Registration District No. 6-48
Primary Registration District No. 5-740

File No. 18900
Registered No. 22
St. Ward)

2. FULL NAME

Mary M. Foster

(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

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF C. H. Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-22-1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
72 6 11

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House Wife
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Marion Co. Mo.
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER Wm Sates

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ky

12. MAIDEN NAME OF MOTHER Anand Schropshire

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Co. Mo.

14. INFORMANT C. H. Foster
(Address) Palmyra Mo R.F.D.

15. FILED 6/5-1927 L. J. Crawford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 3 1927

17. I HEREBY CERTIFY, That I attended deceased from 24 day of May, 1927, to June 3, 1927, and that I last saw her alive on June 3, 1927, and that death occurred, on the date stated above, at 8:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Lobar Pneumonia

108
1010
CONTRIBUTORY (SECONDARY) 1010
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH, at Home

DID AN OPERATION PRECEDE DEATH? no DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) P. G. Huseman M.D.

(Address) Palmyra Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Greenwood DATE OF BURIAL 6/5 1927

20. UNDERTAKER A. M. Sprague ADDRESS Palmyra

Item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

