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.

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

Do not use this space. 983

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3
Township Kaw — Primary Registration District No. 1002 — Registered No. 3
City Kansas City (No. St Marys Hospital St. Ward)

2. FULL NAME James Foster
(a) Residence. No. Grandview Mo. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred — yrs. — mos. 16 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
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: Ella Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR): July 7 - 1854

7. AGE: Years 73 — Months 5 — Days 24 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. Y.

PARENTS
10. NAME OF FATHER: William Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland.
12. MAIDEN NAME OF MOTHER: Katie Enright
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ireland.

14. INFORMANT: Mrs Ella Foster
(Address) Grandview Mo.

15. FILED Jan 1, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan. 1st 1928

17. I HEREBY CERTIFY, That I attended deceased from 12-14, 1927, to 1-1, 1928, that I last saw h. alive on 12-31, 1928, and that death occurred, on the date stated above, at 1:40 Am m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho pneumonia
131
107A (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Chronic nephritis
(duration) 15 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? No
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) W. Miller, M.D.
Jan 1, 1928 (Address) 814 Argyle

*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: Pittsburg Kansas. — DATE OF BURIAL: Jan 3 1928

20. UNDERTAKER: Mrs. O. L. Foster — ADDRESS: 918 Brooklyn

Dr Miller 3 14 N Arrowmen
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