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.

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

Do not use this space.

40548

1. PLACE OF DEATH

County: Jackson — Registration District No. 399 — File No.

Township: Kaw — Primary Registration District No. 1002 — Registered No. 1022

City: Kansas City — (No. General Hospital St. 4322 Ward)

2. FULL NAME Hugh Clarendon Foster

(a) Residence. No. 2401 E. 30th St. St., 11 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: 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: Carrie Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Mch 31st 1873

7. AGE: Years 55 — Months 8 — Days 5 — If LESS than 1 day, ___ hrs. or ___ min.

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

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Wm. Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky
12. MAIDEN NAME OF MOTHER: Martha Foster
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Kentucky

14. INFORMANT: Carrie Foster (Address) 2401 E. 30th

15. FILED 12/6, 1928 M. M. Crowe Asst REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 5 1928

17. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, 19__, to ___, 19__ that I last saw h___ alive on ___, 19__, and that death occurred, on the date stated above, at ___ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
131
93C
(duration) yrs. mos. ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? yes
WHAT TEST CONFIRMED DIAGNOSIS? autopsy
(Signed) Stanley M Hale, M. D
12/5, 1928 (Address) Deputy Coroner

*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: Mt. Washington — DATE OF BURIAL: Dec. 7 1928

20. UNDERTAKER: R. V. Lindsey & Sons — ADDRESS: K.C. Mo