MAR 21

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

Do not use this space.

5744

1. PLACE OF DEATH
County Cape Girardeau — Registration District No. 125 — File No.
Township " " — Primary Registration District No. 3009 — Registered No. 58
City " " (No. ..... St. ..... Ward)

2. FULL NAME Amanda Foster
(a) Residence. No. 534 Bellevue 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): Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 23. 1860

7. AGE: Years 68 — Months 6 — Days 4 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Housework
(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) Cape Girardeau, Co

PARENTS
10. NAME OF FATHER: John Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Dont know
12. MAIDEN NAME OF MOTHER: Mary Brown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Fruitland, Mo

14. INFORMANT: Mrs. Maud West
(Address) St. Louis, Mo.

15. FILED 2/29 1929 E. C. Taempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb. 27 1929

17. I HEREBY CERTIFY, That I attended deceased from Feb. 26, 1929, to Feb. 27, 1929 that I last saw her alive on Feb. 27, 1929, and that death occurred, on the date stated above, at 2:45 P.M. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Acute Gastritis followed by acute Cardiac Dilation

118C (duration) ..... yrs. ..... mos. 2 ds.

CONTRIBUTORY (SECONDARY) 95B (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? ..... DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. W. Ford, M.D.
, 19 (Address) Cape Girardeau, 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: Fairmount Cem. — DATE OF BURIAL: Mar 1st 1929

20. UNDERTAKER: Walther Und Co — ADDRESS: Cape Gir, Mo

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.

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