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.

MAY 25 1929

Do not use this space. Turner

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

14396

1\. PLACE OF DEATH

County Greene

Registration District No. 818

File No. 318

Township

Primary Registration District No. 2001

Registered No.

City Springfield (No. 710 S. Dollison St. Ward)

2\. FULL NAME Jesse Julian Foster

(a) Residence. No. 710 S Dollison 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 Male

4\. COLOR OR RACE white

5\. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widower

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

6\. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 20-1846

7\. AGE YEARS 83 MONTHS 2 DAYS 23 If LESS than 1 day, hrs. or min.

8\. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer)

(c) Name of employer

9\. BIRTHPLACE (CITY OR TOWN) Mo.
(STATE OR COUNTRY)

PARENTS

10\. NAME OF FATHER John Foster

11\. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) N. Carolina

12\. MAIDEN NAME OF MOTHER Sarah J. Julian

13\. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Tenn.

14\. INFORMANT Mrs. E. W. Gipe
(Address) Springfield Mo.

15\. FILED 4-13 1929 L M Sharp REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16\. DATE OF DEATH (MONTH, DAY AND YEAR) Apr 13 1929

17\. I HEREBY CERTIFY, That I attended deceased from Apr 6, 1929, to Apr 13 1929

that I last saw h im alive on Apr 13, 1929, and that death occurred, on the date stated above, at 3 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Broncho ~~Catarrhal~~ Pneumonia

(duration) yrs. mos. 3 ds.

CONTRIBUTORY (SECONDARY) Influenza

(duration) yrs. mos. 7 ds.

18\. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? No. DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) M. L. Turner, M. D

4/14 1929 (Address) Springfield 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 Marshfield. Mo.

DATE OF BURIAL April 15 1929

20\. UNDERTAKER J. W. Klingner & Co.

ADDRESS 424 E. Central St. Springfield. Mo.

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