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

Do not use this space.

20793

JUL 23 1929

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township — Primary Registration District No. 1001

City St. Joseph, (No. 2617 Mary St. Ward)

File No.

Registered No. 799

2. FULL NAME Emma H. Foster,

(a) Residence. No. 2617 Mary St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec. 8th. 1854

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ___ hrs. or ___ min.
	74	6	21	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work At Home,

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

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lansing, (STATE OR COUNTRY) Michigan,

PARENTS

10. NAME OF FATHER Philip Horchman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown, (STATE OR COUNTRY) Pennsylvania,

12. MAIDEN NAME OF MOTHER Sarah Henney,

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wayne County, (STATE OR COUNTRY) Ohio,

14. INFORMANT Orvin F. Foster (Address) 2617 Mary Street.

15. FILED JUN 29 1929 19 John G. Fitz REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 6/29 1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 1, 1928, to June 29, 1929 that I last saw her alive on June 23 1929, and that death occurred, on the date stated above, at 5:40 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Bronchi Pneumonia

82A

107A

(duration) yrs. mos. 8 ds.

CONTRIBUTORY (SECONDARY) Cerebral Hemorrhage & Arteriosclerosis

(duration) 2 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? No

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) P. R. McGill, M. D

, 19 (Address) 208 Kirkpatrick Bldg St. Joseph 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 Osborne, Kansas, — DATE OF BURIAL July 2, 1929

20. UNDERTAKER Heaton-BeGole & Bowman — ADDRESS 319 S. 10 St. Funeral Home

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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