

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

Do not use this space.

31361

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Mason Primary Registration District No. 3029
 City Hannibal No. 1247 Broadway St. 6th Ward)

2. FULL NAME

Elizabeth S. Foster
 (a) Residence. No. 1247 Broadway St. Ward. (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 Harry Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 22, 1873

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
56 4 - - -

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housekeeper
 (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) Osage County

10. NAME OF FATHER Harvey Chamberlain

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Missouri

12. MAIDEN NAME OF MOTHER Anna Barrett

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

14. INFORMANT Mrs. M. R. Stephens
 (Address) Hannibal Mo.

15. FILED 9/27, 1929 Colossius REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 9-21-1929

17. I HEREBY CERTIFY, That I attended deceased from Aug 9-1929 to Sept 21-1929, that I last saw him alive on Sept 21-1929, and that death occurred, on the date stated above, at 2:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Carcinoma
(Colon)
46 (duration) 10 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 45 (duration) yrs. mos. ds.

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

DID AN OPERATION PRECEDE DEATH? DATE OF

WHAT TEST CONFIRMED DIAGNOSIS? Laboratory

(Signed) Frederick B. Spencer M. D.
Sept 22, 1929 (Address) 1209 Market St

*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 New Harmony Carroll Mo DATE OF BURIAL 9-22-1929

20. UNDERTAKER James O'Connell ADDRESS Hannibal 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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