MAR 25 1930

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

Do not use this space.

4213

1. PLACE OF DEATH

County: Butler — Registration District No.: 84 — File No.:

Township: — Primary Registration District No.: 3007 — Registered No.: 35

City: Poplar Bluff (No. ..... St. ..... Ward)

2. FULL NAME Frank L. Foster

(a) Residence. No. P. B. Hospital St. ..... Ward. Puxico, Mo.
(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	4. COLOR OR RACE	5. ~~SINGLE, MARRIED,~~ WIDOWED OR ~~DIVORCED~~ (*write* the word)
M	W	Widowed

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	69	3	29	

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) Greenfield
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Alick R. Foster

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

12. MAIDEN NAME OF MOTHER Naomia Hester

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

14. INFORMANT D. L. Foster
(Address) Puxico, Mo.

15. FILED 2/24, 1930 Dr B J Clay REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-22 1930

17. I HEREBY CERTIFY, That I attended deceased from 2-21-30, 19..., to 2-22, 1930 that I last saw him alive on 2-21, 1930, and that death occurred, on the date stated above, at 6 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Nephritis
1-1
1328
(duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Uremic Poisoning
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature], M. D.
2-23, 1930 (Address) Poplar Bluff 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	DATE OF BURIAL
Greenfield Ill	2-24 1930

20. UNDERTAKER	ADDRESS
Frank Und-Co. Poplar Bluff	

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.