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

Do not use this space.

N

File No. 1086-~~12~~

Registered No.

APR 23 1931

1. PLACE OF DEATH

46 County Howell — Registration District No. 384

Township " — Primary Registration District No. 4227

City West Plains (No. ..... St. ..... Ward)

2. FULL NAME Robt Edward Foster

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

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)
male	wht	single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov 18 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
✓	1	13	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work None
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) West Plains
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Lehman Foster

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

12. MAIDEN NAME OF MOTHER Dixie Hammock

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) West Plains
(STATE OR COUNTRY) Mo

14. INFORMANT Lehman Foster
(Address) West Plains Mo

15. FILED 1-1-, 1931 O. A. Heinrich REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 1 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec 28, 1930 to Jan 1, 1931 that I last saw him alive on Jan 1, 1931, and that death occurred, on the date stated above, at 2:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Atelectasis

(duration) yrs. 1 mos. 13 ds.

CONTRIBUTORY (SECONDARY) Premature birth

(duration) yrs. 2 mos. 13 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?

(Signed) J. D. Gunn, M. D.

1/2, 1931 (Address) West Plains 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
Oak Lawn Cemetery	Jan 2 1931

20. UNDERTAKER McFarlane Ds — ADDRESS West Plains 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.