

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

Do not use this space.

119021

1. PLACE OF DEATH

County Jackson Registration District No. _____
Township Kaw Primary Registration District No. _____
City Kansas City (No. Lyndhurst Hotel) St. _____ (Ward) _____

File No. _____
Registered No. 2489
St. _____ (Ward) _____

2. FULL NAME

Christie A. Foster

(a) Residence. No. Lyndhurst Hotel 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Widowed</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Dr. William Davis Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 10, 1845

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	85	3	22	

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) Yonkers
(STATE OR COUNTRY) New York

10. NAME OF FATHER Jacob Kniffin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Yonkers
(STATE OR COUNTRY) New York

12. MAIDEN NAME OF MOTHER Elizabeth Given

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Yonkers
(STATE OR COUNTRY) New York

14. INFORMANT L. D. Kniffin
(Address) 4029 Warwick Blvd

15. FILED 1/2 19 31 M. W. Crane
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 2, 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 1 - 1931, to Feb 2 - 1930, and that I last saw her alive on Jan 1 - 11 PM, 1930, and that death occurred, on the date stated above, at 1:15 A. m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

Primary carcinoma Left breast

(duration) 3 yrs. 6 mos. _____ ds.

CONTRIBUTORY (SECONDARY) Generalized carcinoma
breast (duration) 9 yrs. 2 mos. 15 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? Yes DATE OF 2-27-30

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS Laboratory
(Signed) Mary J. Loun M. D.

1931 (Address) 4116 Walnut 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

Mr. Washington DATE OF BURIAL 1-2-1930

20. UNDERTAKER Stines + Mc Clure ADDRESS 3235 Gillham

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. WRITE PLAINLY, WITH OUT ABRUPTNESS.

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