

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

Do not use this space.

4996

1. PLACE OF DEATH  
 28 County Crawford Registration District No. 230  
 2 Township Beulah Primary Registration District No. 5312  
 1 City Beulah (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Sarah Foster  
 (a) Residence No. \_\_\_\_\_ 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Single  
 (write the word)  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF \_\_\_\_\_  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept 25th 1877  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
53 4 8

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) Crawford Co., Mo.  
 (STATE OR COUNTRY)

10. NAME OF FATHER Daniel Foster

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

12. MAIDEN NAME OF MOTHER Mary Jane Ditty

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

14. INFORMANT J. G. A. Herzog (Address) Beulah, Mo.

15. FILED 3/2 1931 J. G. A. Herzog REGISTRAR

1 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3<sup>rd</sup> 1931

17. I HEREBY CERTIFY, That I attended deceased from Jan 17, 1930, to Feb 3<sup>rd</sup>, 1931 that I last saw her alive on Feb 3<sup>rd</sup>, 1931, and that death occurred, on the date stated above, at 2:15 p.m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Chronic Interstitial Nephritis

131 (duration) 5 yrs. mos. ds.

CONTRIBUTORY (SECONDARY) None

(duration) ..... 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 Guillermo G. A. Herzog, M. D.  
2/4/31 (Address) Cuba, 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 U.P. Cemetery DATE OF BURIAL 2/5 1931

20. UNDERTAKER Jas. O. Haines ADDRESS Cuba, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. PHYSICIANS should state EXACTLY. Every item of information should be carefully supplied. AGE should be stated EXACTLY. Exact statement of OCCUPATION is very important.

