WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

APR 23 1931

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

Do not use this space. Dr. Wills

1. PLACE OF DEATH

County Greene — Registration District No. 318 — File No. 9489

Township — Primary Registration District No. 2011 — Registered No. 173

City Springfield, Mo. (No. St. Johns Hospital St. Ward)

2. FULL NAME A. J. Foster

(a) Residence, No. 1004 Crutcher 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 1 - 1847

7. AGE: YEARS 83 — MONTHS 8 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retd Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y. 2

FATHER
13. NAME: A. J. Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

MOTHER
15. MAIDEN NAME: Cora Mahan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N.Y.

17. INFORMANT (ADDRESS): Mrs. C. E. McKenzie, Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Maple Park DATE March 5 1931

19. UNDERTAKER (ADDRESS): Alma Lohmeyer Funeral Home, 534 Strong

20. FILED 3-3, 1931 Lon Sharp Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 3 - 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1931, to Mar 3, 1931

I last saw him alive on Mar 2, 1931. Death is said to have occurred on the date stated above, at 4 A m.

The principal cause of death and related causes of importance were as follows:

Prostatic Hyperthrophy — Date of onset

137

1330 137

Other contributory causes of importance: Urinary Suppression

Name of operation None Date of —

What test confirmed diagnosis? — Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) [signature], M. D.

(Address) Med Arts Bldg Springfield Mo

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