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.

MAY 27 1931

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

Do not use this space.

1. PLACE OF DEATH

County: Marion — Registration District No.: 5-48 — File No.: 14944

Township: Liberty — Primary Registration District No.: 5-740 — Registered No.: 22

City: ~~[illegible]~~ (No. ..... St. ..... Ward)

2. FULL NAME: Chris H. 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: male

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED ~~HUSBAND OF~~ (OR) WIFE OF: Mrs. C. H. Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR): June 28-1850

7. AGE: 80 YEARS — MONTHS: 10 — DAYS: 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Farmer 1

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Marion Co. Mo 1

PARENTS

10. NAME OF FATHER: Henry Foster

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

12. MAIDEN NAME OF MOTHER: Rebecca Harris

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

14. INFORMANT: Miss Mable Foster
(Address): Palmyra Mo

15. FILED: 4-30, 1931 — C. Sanford, REGISTRAR
Apr. 30-1931

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR): Apr 29 1931

17. I HEREBY CERTIFY, That I attended deceased from ~~April 29th~~ April 19, 1930, 1931, to April 29th, 1931, that I last saw him alive on April 29th, 1931, and that death occurred, on the date stated above, at 1:00 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cardiac Failure

162 (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY): unknown to me - other than age.
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 0200 A

DID AN OPERATION PRECEDE DEATH? no DATE OF .....

WAS THERE AN AUTOPSY? .....

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Dr F. C. Hopkins, M.D.

4-30, 1931 (Address) 510 Bdway Hannibal, 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: Greenwood — DATE OF BURIAL: May 1 1931

20. UNDERTAKER: E. T. Sprague — ADDRESS: Palmyra Mo