

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

Do not use this space.

27973

1. PLACE OF DEATH  
 County Franklin Registration District No. 297  
 Township \_\_\_\_\_ Primary Registration District No. 3076  
 City Washington (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME Roy 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>unknown</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>59</u>	MONTHS <u>0</u>
	DAYS <u>0</u>	If LESS than 1 day, ..... hr./or ..... min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>unknown</u>
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	<u>unknown</u>
	10. Date deceased last worked at this occupation (month and year)	<u>11. Total time (years) spent in this occupation</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>		
FATHER	13. NAME <u>unknown</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
MOTHER	15. MAIDEN NAME <u>unknown</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown</u>	
17. INFORMANT <u>Tom Shaper</u> (ADDRESS)		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>To Fulton MO</u> DATE <u>12/1</u>		
19. UNDERTAKER <u>Otto &amp; Co</u> <u>Aug 20</u> (ADDRESS) <u>Washington MO</u>		
20. FILED <u>Aug 20 1931</u> <u>Or French</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1931

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_.

I last saw him alive on 19 day Aug 1931. Death is said to have occurred on the date stated above at 8:30 a.m.

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

Struck By Train  
Both legs cut off  
Accidental  
while walking on track

Date of onset Aug 18 1931

Other contributory causes of importance: Hemorrhage and Shock

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What was confirmed diagnosis? Clotting Was there an autopsy? no

If death was due to external causes (violence), fill in also the following:  
 accident, suicide, or homicide: accident Date of injury Aug 18 1931  
 Where did injury occur? Union 7000  
 (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place. Railroad yards

Manner of injury Both legs cut off  
 Nature of injury accident

24. Was disease or injury in any way related to occupation of deceased? no  
 If so, specify \_\_\_\_\_

(Signed) W. H. Shaper  
 (Address) Fulton MO

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

SEP 22 1931

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.

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