

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 80
 Township Center Primary Registration District No. 5119
 City St. (No. 1/2 mile West of Matney Station) St. _____ Ward _____

File No. 36881

2. FULL NAME John B. Foster

(a) Residence, No. 1/4 mile west Matney sta. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Mary Catherine Foster (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) January 6, 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 10 18

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Plumber Helper

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hale Bros.

10. Date deceased last worked at this occupation (month and year) unknown 11. Total time (years) spent in this occupation unknown

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

13. NAME Wm. B. Foster

14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Minnie Walker

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Virginia

17. INFORMANT Mrs Mary C Foster (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearborn Missouri Nov. 27 1931

19. UNDERTAKER H. C. Sidenfaden (ADDRESS) 1802 Union st St Joseph Mo.

20. FILED Nov. 26, 1931 Mrs. Lucy Correll Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 24, 1931

22. HEREBY CERTIFY, That I attended deceased from Nov 20, 1931, to Nov 24, 1931
 I last saw him alive on Nov 24, 1931. Death is said to have occurred on the date stated above, at 10:10 P. M.

The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage 1st Date of onset 11/20/31
Cerebral Hemorrhage 2nd 11/24/31
97
 Other contributory causes of importance:
arterio-sclerosis 1927

Name of operation _____ Date of _____
 What test confirmed diagnosis? clinical Was there an autopsy? No

28. 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) [Address]

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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