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.

DEC 22 1931

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

Do not use this space.

37980

1. PLACE OF DEATH
County Jasper — Registration District No. 408
Township — Primary Registration District No. 3070
City Carthage (No. McCune-Brooks Hospital St. ..... Ward)
File No. .....
Registered No. .....

2. FULL NAME Henry Bowman Foster
(a) Residence, No. 1241 S Garrison St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 10 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 Mary E. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 5-1862

7. AGE: YEARS 69 — MONTHS 1 — DAYS 11 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Minister
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) Green Castle Ind.

FATHER
13. NAME James Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ind.

MOTHER
15. MAIDEN NAME Sarah ?
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

17. INFORMANT (ADDRESS) Mary E. Foster Carthage Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Park Cemetery DATE 11-18 1931

19. UNDERTAKER (ADDRESS) Ulmer-Drake Carthage Mo.

20. FILED Nov 18 1931 O H Ketcham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 17, 1931, to Nov. 17, 1931
I last saw him dead on Nov 17, 1931. Death is said to have occurred on the date stated above, at 6:15 P.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral hemorrhage	
167	11/16
Other contributory causes of importance: Gun-shot wound	31

Name of operation None Date of —
What test confirmed diagnosis? — Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury 11/16, 1931
Where did injury occur? 1241 S. Garrison Carthage (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. at home
Manner of injury Suicide, 22 rifle
Nature of injury Gun shot wound rt temple

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) Lem Simmons, M. D.
(Address) Coroner, Jasper Co.