

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

Do not use this space.

3729

1. PLACE OF DEATH

County Bonne Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No.) St. Ward)

File No.
 Registered No. 27

2. FULL NAME

Minnie Foster
 (a) Residence, No. 315 Oak St 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>Female</u> | 4. COLOR OR RACE <u>colored</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Frank Foster</u> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-10-1879</u> | | | | |
| 7. AGE YEARS <u>52</u> | MONTHS <u>4</u> | DAYS <u>1</u> | If LESS than 1 day, hrs. or min. | |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>book 291</u> | | | |
| | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hospital</u> | | | |
| | 10. Date deceased last worked at this occupation (month and year) <u>Jan 1932</u> | | 11. Total time (years) spent in this occupation <u>10</u> | |
| 12. BIRTHPLACE (CITY OR TOWN) <u>Bonne County</u> (STATE OR COUNTRY) <u>Missouri</u> | | | | |
| MOTHER | 13. NAME <u>Lewis Harris</u> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) <u>Don't know</u> (STATE OR COUNTRY) | | | |
| | 15. MAIDEN NAME <u>Cornelia Douglas</u> | | | |
| | 16. BIRTHPLACE (CITY OR TOWN) <u>Toward County</u> (STATE OR COUNTRY) <u>Missouri</u> | | | |
| 17. INFORMANT <u>Mary James</u> (ADDRESS) <u>Columbia Missouri</u> | | | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Coburn cemetery</u> DATE <u>2-14</u> 19 <u>32</u> | | | | |
| 19. UNDERTAKER <u>Street & Tucker</u> (ADDRESS) <u>Columbia Missouri</u> | | | | |
| 20. FILED <u>2/13/</u> 19 <u>32</u> <u>Allie Selby</u> Registrar | | | | |

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-11- 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 23, 1932 to Feb 11, 1932

I last saw her alive on, 19..... Death is said

to have occurred on the date stated above, at 3:30 AM
 The principal cause of death and related causes of importance were as follows:

Embolism - Pulmonary Date of onset
182A
122A 111W 111W 111W ①
 Other contributory causes of importance:
pleur followed by
degenerative + rupture
of mesothelium pleura

Name of operation degenerative 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? 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?
 If so, specify
 (Signed) Frank G. Adams M. D.
 (Address) 16570 Columbia

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.

