

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 25 1932

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

Do not use this space.

12942

1. PLACE OF DEATH
 47 County Jasper Registration District No. 411
 7 Township Madison Primary Registration District No. 3207
 3 City Joplin (No. 3207, (County Combs Ward)

2. FULL NAME James W. Foster
 (a) Residence No. _____ St. _____ Ward _____
 (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 W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 - 1903

7. AGE YEAR 28 MONTHS 8 DAYS 10 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Salesman
 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 7

MOTHER
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.
 13. NAME Jas. Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Sedalia Mo.
 15. MAIDEN NAME Ellie Work
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Joplin Mo.

FATHER
 17. INFORMANT (ADDRESS) Mrs. Frances Foster Joplin Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Joplin DATE 4/9 - 32
 19. UNDERTAKER (ADDRESS) Shelton and Co. Joplin Mo.
 20. FILED 4/9 1932 Arthur Clark Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-9-32

22. I HEREBY CERTIFY That I attended deceased from April 9 32, to April 9-32, 1932.
 I last saw him alive on April 9 - 32, 1932. Death is said to have occurred on the date stated above, at 10:48 a.m.
 The principal cause of death and related causes of importance were as follows:
Pulmonary Hemorrhage
 Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

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 Albert Chermowich
 (Signed) _____ M. D.
 (Address) Joplin Mo.

