

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

Do not use this space.

13554

1. PLACE OF DEATH *Platte*  
 83 County *Platte* Registration District No. *696*  
 Township *Pekkie* Primary Registration District No. *5922*  
 City *Platte City, Mo. R3* No. *3* St. *Platte* Ward *13*

2. FULL NAME *Henry Elmer Foster*  
 (a) Residence, No. *Parkville, Mo. R7D3* St. *Platte* Ward *13*  
 (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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX *M* 4. COLOR OR RACE *W* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) *Married*

5A. IF MARRIED, WIDOWED, OR DIVORCED (HUSBAND OR WIFE OF) *Effie Foster*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Nov 12 1876*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*55 5 6*

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Sub Station 130*

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. *Operator K.C.C.C. & K.A.R.R.*

10. Date deceased last worked at this occupation (month and year) *1 month 10 yrs*

11. Total time (years) spent in this occupation *10 yrs*

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Smithville Mo*

13. NAME *James J. Foster*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Ind IN D2*

MOTHER

15. MAIDEN NAME *Unknown*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown 31*

17. INFORMANT (ADDRESS) *Mrs. Effie Foster Parkville Mo R7D#3*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Platte City, Mo* DATE *April 20 1932*

19. UNDERTAKER (ADDRESS) *Morton & Co No. K.C. Mo*

20. FILED *4-19 1932* *Atkinson* Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Apr. 18 1932*

22. I HEREBY CERTIFY, That I attended deceased from *Apr. 6 1932* to *Apr. 14 1932*  
 I last saw him alive on *Apr. 14 1932* Death is said to have occurred on the date stated above, at *8:20 a.m.*  
 The principal cause of death and related causes of importance were as follows:

*Valvular Heart Disease* Date of onset *Mar 1932*

*① 920/116*

Other contributory causes of importance: *2 weeks Mar 16 to 22/1932*

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? *Clinical* Was there an autopsy? *no*

23. If death was due to external causes (violence), fill in also the following:  
 Accident, suicide, or homicide? *no* Date of injury \_\_\_\_\_, 19\_\_\_\_  
 Where did injury occur? *no* (Specify city or town, county, and State)  
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*  
 Nature of injury *no*

24. Was disease or injury in any way related to occupation of deceased? *no*  
 If so, specify \_\_\_\_\_  
 (Signed) *W. J. ...* M. D.  
 (Address) *Platte City, Mo*

MAY 26 1932

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.

