

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

Do not use this space.

26511

24

1. PLACE OF DEATH
 49 County Wagoner Registration District No. 411
 7 Township Wagoner Primary Registration District No. 2001
 5 City Wagoner (No. 301) Wagoner St. _____ Ward _____

2. FULL NAME Myrtle Foster
 (a) Residence, No. 307 Wagoner Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred yrs. 1 mos. _____ ds. _____ How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds. _____ (If nonresident, give city or town and State)

File No. _____
 Registered No. _____

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 6A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles Foster
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 29 1892
 7. AGE YEARS 39 MONTHS 6 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Key Stone
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Anderson's
 10. Date deceased last worked at this occupation (month and year) Oct 1931 11. Total time (years) spent in this occupation _____
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME John Cooper
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 15. MAIDEN NAME No record
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo
 17. INFORMANT Charles Foster
 (ADDRESS) _____
 18. BURIAL CREMATION OR REMOVAL PLACE Central Burial DATE 8-20-32
 19. UNDERTAKER (ADDRESS) Wagoner
 20. FILED 19 32 Arkenson Clark Registrar.

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 19 1932
 2. I HEREBY CERTIFY, That I attended deceased from Aug 8th 1932, to Aug 12 1932
 Last saw her alive on Aug 13 1932. Death is said to have occurred on the date stated above, at 3:40 m.
 The principal cause of death and related causes of importance were as follows:
Pernicious Malarial Fever Date of onset Aug 4-32
38
118
 Other contributory causes of importance:
 (3)
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Laboratory 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 _____
 Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____
 (Signed) M. M. Dickey M. D.
 (Address) 501-2 Francis Bldg - Joplin Mo.

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.

SEP 23 1932

