

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

Do not use this space.

32702

1. PLACE OF DEATH

51 County Johnson Registration District No. 431
6 Township Warrensburg Primary Registration District No. 3022
7 City Warrensburg, (No. _____, St. _____ Ward)

2. FULL NAME Mary Ellen Fosnow

(a) Residence, No. West Pine St St. _____ Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. 20 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) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF *****

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 30, 1932

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. min.
8 13

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Johnson Co., Mo

13. NAME Tom Fosnow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wisconsin

15. MAIDEN NAME Ruby Easterwood

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Chilhowee, Mo

17. INFORMANT Ruby Fosnow (ADDRESS) Warrensburg, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Oct. 13, 1932

19. UNDERTAKER Sweeney-Phillips (ADDRESS) Warrensburg, Mo

20. FILED Oct 15 1932 Mrs. W. D. Patterson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 12, 1932

22. I HEREBY CERTIFY, That I attended deceased from Oct 11, 1932 to Oct 11, 1932
I last saw her alive on Oct 11, 1932 Death is said to have occurred on the date stated above, at 1 A. m.

The principal cause of death and related causes of importance were as follows:

Inanition from improper food Date of onset Oct 1, 32
154

Other contributory causes of importance: 158

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? No.
If so, specify _____
(Signed) Mrs. W. D. Patterson, M. D.
(Address) Warrensburg Mo

WRITE LEGIBLY, 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.

NOV 23 1932

