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.

JAN 5 1933

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

Do not use this space.

34499

1. PLACE OF DEATH

104 County Stone — Registration District No. 1096 — File No.

Township Flat Creek — Primary Registration District No. 6247 — Registered No. 11

City ~~Cape Fair~~ (No. ..... St. ..... Ward)

2. FULL NAME Martha Jane Foster

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 63 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
Female	White	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 20" 1869

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
63		3	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housewife

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Stone County
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Joseph Jones

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rachel Taylor

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Tenn
(STATE OR COUNTRY)

14. INFORMANT W. R. Foster
(Address) Cape Fair Mo. R. 1

15. FILED 12/8, 1932 Chas. H. Carney
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 7th 1932

17. I HEREBY CERTIFY, That I attended deceased from Sept 1, 1932, to Oct 7th, 1932 that I last saw her alive on Oct 6, 1932 and that death occurred, on the date stated above, at 6 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

myocarditis

92D

56E 93D

(duration) yrs. 10 mos. ds.

CONTRIBUTORY (SECONDARY) Rheumatism

(duration) 10 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH —

DID AN OPERATION PRECEDE DEATH? no DATE OF —

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. L. Kerr, M. D.

Oct. 8, 1932 (Address) Crane.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Cape Fair Cem. Mo.	Oct. 8 1932
20. UNDERTAKER	ADDRESS
Ira Hunt	Galena Mo.