

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

Do not use this space.

34541

1. PLACE OF DEATH

108 County Vernon Registration District No. 875
 2 Township Center Primary Registration District No. 3039
 7 City Nevada (No. _____) St. _____ Ward _____

File No. King
 Registered No. (230)

2. FULL NAME

Annette La. Nair Culley Foster
 (a) Residence, No. 1226 W. Cherry St. 1 Ward. _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 34 yrs. mos. ds. How long in U. S., if of foreign birth? 24 yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF H. E. Foster
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 26, 1860
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 72 1 28
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. housekeeper
 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) Jan. 1, 1932 11. Total time (years) spent in this occupation 53

12. BIRTHPLACE (CITY OR TOWN) near Louisville Ky. (STATE OR COUNTRY) 2

FATHER 13. NAME James D. Culley
 14. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

MOTHER 15. MAIDEN NAME Don Martha Culley
 16. BIRTHPLACE (CITY OR TOWN) Kentucky (STATE OR COUNTRY)

17. INFORMANT Mary Annette Foster (ADDRESS) Nevada, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Newton Cem. DATE Oct 26, 1932

19. UNDERTAKER Ferry Funeral Home (ADDRESS) Nevada, Mo.

20. FILED 11-11-32 E. P. King Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 24, 1932
 22. I HEREBY CERTIFY, that I attended deceased from Jan 32 to Oct. 24, 1932
 last saw her alive on Oct. 24, 1932 Death is said to have occurred on the date stated above, at 4:00 A.M.

The principal cause of death, and related causes of importance were as follows:
Chr. interstitial nephritis
131
132B
 Other contributory cause or importance:
acute uremia Oct 22

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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) E. P. King M. D.
 (Address) Nevada, Mo.

WHITE 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.

NOV 29 1932

