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 7 1933

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

Do not use this space.

34853

1. PLACE OF DEATH

County Buchanan, Registration District No. 85 File No.

Township Primary Registration District No. 1001 Registered No. 1118

City St. Joseph, (No. Dr. W. W. Grow's Clinic, Logan Building, St. Ward)

2. FULL NAME Charlotte Marie Foster,

(a) Residence, No. 2901 Messanie St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs. 3 mos. 15 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married,

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: George Lee Foster,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 5, 1910.

7. AGE: Years 22, Months 3, Days 15. If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: At Home,

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: 235

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): St. Joseph, Missouri,

FATHER

13. NAME: J. J. Lee,

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown, Missouri,

MOTHER

15. MAIDEN NAME: Unknown,

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

17. INFORMANT (ADDRESS): George Lee Foster 2901 Messanie St.

18. BURIAL, CREMATION, OR REMOVAL

PLACE St. Jo. Mem. Park DATE Nov. 22, 1932

19. UNDERTAKER (ADDRESS): Heaton-McGale & Bowman 319 S. 10th St. Funeral Home

20. FILED NOV 21 1932 John R. Bender Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 20, 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 18, 1932 to Nov 20, 1932

I last saw her alive on Nov 20, 1932 Death is said to have occurred on the date stated above, at 9:30 p.m.

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

Ectopic Gestation or Tubal Pregnancy — Date of onset: 4-6 wks

142 B

137 C

Other contributory causes of importance: ① 142 B

Name of operation Hysterectomy Date of 20 Nov.

What test confirmed diagnosis? Gen. Cond. 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) Blanche B. Remmick, M. D.

(Address) 222 Logan Bldg