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

Do not use this space.

35446

1. PLACE OF DEATH
County Greene
Township
City Springfield (No. 740 N. Kansas Ave St. Ward)

Registration District No. 318
Primary Registration District No. 2001
File No.
Registered No. 834

2. FULL NAME Matilda Ann Sheridan Foster

(a) Residence, No. 740 N. Kansas Ave 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 yrs. mos. 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: Albert L. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Sept 1 1876

7. AGE: Years 56 | Months 2 | Days 29 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: House work
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: In home
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): Pleasant Hope Mo.

FATHER

13. NAME: John C. Henderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Iowa

MOTHER

15. MAIDEN NAME: Nilla Freeman
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Berryville Ark

17. INFORMANT (ADDRESS): Jennie Bell Springfield Mo.

18. BURIAL, CREMATION, OR REMOVAL: Greenlawn Cemetery PLACE DATE Dec 2 1932

19. UNDERTAKER (ADDRESS): J. W. Dingner & Co. Springfield Mo.

20. FILED 12-6 1932 Ralph W. Langston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov 30 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov 11, 1932, to Nov 29, 1932

I last saw h~~im~~er alive on Nov 29, 1932 Death is said to have occurred on the date stated above, at 6:00 A m.

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

Diabetes Mellitus 59
24 hrs
98.8

Date of onset

Other contributory causes of importance: Early Gangrene of toes

(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?
If so, specify

(Signed) Henry L. Kirk, M. D.
(Address) 400½ E. Court St.

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.

Henry Knaus