

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

Do not use this space.

36625

1. PLACE OF DEATH

County Permisent Registration District No. 653
 Township Concord Primary Registration District No. 5865
 City (No. _____) St. _____ Ward _____

2. FULL NAME

Virginia Foster
 (a) Residence, No. Howard St., _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred yrs. 2 mos. 10 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) Single
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 16, '29
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
3 4 12

OCCUPATION
 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) Tenn 2 (STATE OR COUNTRY)

FATHER
 13. NAME Floyd Foster

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

MOTHER
 15. MAIDEN NAME Maude Price

16. BIRTHPLACE (CITY OR TOWN) Tenn (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Wes Foster

18. BURIAL, CREMATION, OR REMOVAL PLACE Lawrenceville Tenn DATE 11-19- 1932

19. UNDERTAKER R. E. Shachelpford, owner (ADDRESS) Lawrenceville, Tenn.

20. FILED 11-18- 1932 J. H. Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) 11 18 1932

2. I HEREBY CERTIFY, That I attended deceased from Nov. 12 1932 to Nov 12 1932

I last saw him alive on Nov 12 1932 Death is said to have occurred on the date stated above, at 4:30 A.M.

The principal cause of death and related causes of importance were as follows:
Cerebral Date of onset 11-8

Other contributory causes of importance: 1
115A/15W

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) William F. Hays M. D.

(Address) Hays

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.

1932

