

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.

APR 24 1933

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

Do not use this space.

38819 2

1. PLACE OF DEATH

County Carter Registration District No. 144
Township Jackson Primary Registration District No. 5207
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

2. FULL NAME Lizia Ellen Foster

(a) Residence, No. Elsinore, Mo. 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. 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 8, 1851

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
81 0 9

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. Housewife
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) Reynolds Co. 1

FATHER 13. NAME Samuel Hanger

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown 31

MOTHER 15. MAIDEN NAME --- Thornton

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Atwood Foster
(ADDRESS) Elsinore, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Odell Cemetery DATE Dec. 18, 1932

19. UNDERTAKER W. C. Croy
(ADDRESS) Van Buren

20. FILED _____, 19 Pearl Brooks.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) DEC 17 . 19 32

22. I HEREBY CERTIFY, That I attended deceased from

JUNE 1 ER 19 32 to DEC 17 19 32
I last saw h. ER alive on 15 DEC 19 32 Death is said

to have occurred on the date stated above, at _____ m.
The principal cause of death and related causes of importance were as follows:

Pneumonia Lob.

Date of onset

Other contributory causes of importance: Paralysis

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) C C SHEETS, M. D.

(Address) Elsinore Mo.

