

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

Do not use this space.

16736

1. PLACE OF DEATH

County Jackson Registration District No. 399
Township Kaw Primary Registration District No. 1002
City Kansas City (No. 5435 Baltimore)

File No.
Registered No. 2233
St. Ward

2. FULL NAME

Angie V. Foster
(a) Residence, No. 5435 Baltimore St. Ward.
(Usual place of abode)
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. (If nonresident, give city or town and State)

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 Cassius Foster		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feby. 2, 1856		
7. AGE YEARS 77	MONTHS 3	DAYS 23
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.	
	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) Massachusetts		
MOTHER	13. NAME R. W. Ludington	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts	
	15. MAIDEN NAME Emily Winchell	
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts		
17. INFORMANT <u>George N. Fleishman</u> (ADDRESS) <u>5435 Baltimore</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Topeka, Kans.</u> DATE <u>May 27, 1933</u>		
19. UNDERTAKER <u>Stine & Co. Chgo.</u> (ADDRESS) <u>3235 William Place</u>		
20. FILED <u>May 26, 1933</u> <u>M. M. Grohe</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **May 25, 1933**

22. I HEREBY CERTIFY, That I attended deceased from May 18th, 1933, to May 25th, 1933
I last saw him alive on May 25th, 1933. Death is said to have occurred on the date stated above, at 10 A m.
The principal cause of death and related causes of importance were as follows:
Cerebral Hemorrhage Date of onset 5/14/33
Paralysis

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) S. T. Carl , M. D.
(Address) 3835 Main 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.

Dr. J. T. Carl
3835 main
Va 23400

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