

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.

OCT 20 1933

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

Do not use this space.

30480

1. PLACE OF DEATH
 78 County Remiaco Registration District No. 63-3
 Township Crossed Primary Registration District No. 6865-
 City Near Noyte (No.) St. Ward)

2. FULL NAME Calvin Eugene Foster
 (a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 2 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No.
 Registered No. 112

PERSONAL AND STATISTICAL PARTICULARS

3. SEX mal 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Infant

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1, 1932

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>1</u>	<u>0</u>	<u>10</u>	

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

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) Near Noyte Mo

MOTHER FATHER

13. NAME Calvin Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clayton Co. Ark

15. MAIDEN NAME Jewel Kennel

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Clay Co. Ark

17. INFORMANT (ADDRESS) Calvin Foster Noyte Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Dry Bayou DATE 9-23-1933

19. UNDERTAKER (ADDRESS) Raymond Co. Noyte Mo

20. FILED 9-23-1933 Greg Johnson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 9-23-1933

22. I HEREBY CERTIFY, That I attended deceased from 9-17- 1933 to 9-22- 1933
 I last saw him alive on 9-21- 1933 Death is said to have occurred on the date stated above, at 3 a.m.
 The principal cause of death and related causes of importance were as follows:
Aleo-calitis
 Date of onset 9-14-33

Other contributory causes of importance: 119B 111AP

8. 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 Greg Johnson M. D.
 (Signed) Greg Johnson (Address) Noyte, Mo.

