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.

JAN 26 1934

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

Do not use this space. 39955

1. PLACE OF DEATH
County Jackson — Registration District No. 389 — File No. 4739
Township Kaw — Primary Registration District No. — Registered No.
City Kansas City (No. 2810 Olive St. Ward)

2. FULL NAME John Henry Foust
(a) Residence, No. 2810 Olive Street 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: male
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 Mrs. Augusta Foust

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 7, 1870

7. AGE — YEARS 63 — MONTHS 7 — DAYS 24 — If LESS than 1 day, ... hrs. or ..... min.

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

2 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

FATHER
13. NAME Benjamin Franklin Foust
2 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Sarah Buchville
2 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pennsylvania

17. INFORMANT (ADDRESS) Mrs. Augusta Foust 2810 Olive St.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
PLACE Belton, Mo DATE Dec 2, 1933

19. UNDERTAKER (ADDRESS) Stine & McClure 3235 Gillham Place

20. FILED Dec 3, 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 1, 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug, 1933, to Dec 1, 1933
I last saw him alive on Nov 30, 1933. Death is said to have occurred on the date stated above, at 1 A. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Aortic Stenosis	1898
Aortic Insufficiency	
92A	

Other contributory causes of importance: 92a

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

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? no
If so, specify .....
(Signed) Herbert F. Vanorden, M. D.
(Address) 713 Medical Arts Bldg

Dr [illegible]

St. Mary's Hosp.