

MAR 24 1934

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

Do not use this space.

5578

1. PLACE OF DEATH

County LauranceRegistration District No. 474Township FrankPrimary Registration District No. 5638

City (No. _____) _____

St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ 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)

Widowed

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

Alice Foust (deceased)

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

11-28-1858

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

75215

OCCUPATION

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

Tanning

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)

Laurance Co. Mo.

FATHER

13. NAME

Phillip Foust

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

Tenn.

MOTHER

15. MAIDEN NAME

Mary Dunkle

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

Laurance Co. Mo.

17. INFORMANT (ADDRESS)

John Foust, Creston, Mo.

18. BURIAL, CREMATION OR REMOVAL

PLACE

Shilo

DATE

2-14-1934

19. UNDERTAKER (ADDRESS)

Monroe J. Leman Funeral Home, Miller, Mo.

20. FILED

Feb 19, 1934 Mrs Eliza Miller Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-18-1934

22. I HEREBY CERTIFY, That I attended deceased from

Jan 29, 1934, to Feb 12, 1934I last saw him alive on Feb 12, 1934. Death is saidto have occurred on the date stated above, at 12:22 m.

The principal cause of death and related causes of importance were as follows:

Compression of spinal cord.

Date of onset

Other contributory causes of importance:

auto accident.Name of operation none Date of _____What test confirmed diagnosis? clinical 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) Charles H. Staffer, M. D.(Address) Ashe Grove, Mo.

Should be stated EXACTLY. PHYSICIANS should
led. Exact statement of OCCUPATION is very important.

INSTRUCTIONS TO APPLICANTS

Included Information is all hearsay
and was all I could get Done the Best I
could under the Information that I could get

Yours Resp.
W. P. Cottrell

Write the information given
below on the enclosed supplementary
bill in all items believed need remark.

8755-5

Carlton M. O.

May 15th 34

W. S. Board of Health
W. S. Board of Health

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Lawrence
Township Ozark
City

Registration District No. 474
Primary Registration District No. 5638

File No. 5578
Registered No.
St. Ward

2. FULL NAME

John Wesley Foust

(a) Residence, No. 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

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

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

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) (STATE OR COUNTRY)

13. NAME

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

15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. UNDERTAKER (ADDRESS) Morris and Gorman Miller Mo

20. FILED May 22 1934 C.P. Cantrell Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2 - 13 1934

22. I HEREBY CERTIFY, That I attended deceased from to , 19 .
I last saw h alive on , 19 . 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:

Congestive heart failure
spinal cord

Other contributory causes of importance: Automobile accident.

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? Car accident Date of injury , 19
Where did injury occur? Some where in Arkansas
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place on Public Road crossing Dip
Manner of injury Head, Neck or Shoulders
Nature of injury head, neck or neck

24. Was disease or injury in any way related to occupation of deceased?

If so, specify
(Signed) Charles H. McHaffie, M. D.
(Address) Ash Grove Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW
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.

5-5578