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.

MAY 25 1934

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

Do not use this space.

12908

1. PLACE OF DEATH
County Jackson — Registration District No. 300 — File No.
Township Kaw — Primary Registration District No. 1003 — Registered No. 1658
City Kansas City (No. Mercy Hosp St. Ward)

2. FULL NAME James Russell Foster
(a) Residence, No. Odessa Mo St., Ward. Odessa, Mo
(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: Mo
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 9, 1934
7. AGE — YEARS — MONTHS 1 — DAYS 4 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. child
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) Odessa Mo

FATHER
13. NAME Emery Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Warsaw, Mo

MOTHER
15. MAIDEN NAME Golden Allumbaugh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Odessa, Mo

17. INFORMANT (ADDRESS) Emery Foster

18. BURIAL, CREMATION, OR REMOVAL
PLACE Odessa, Mo DATE 4-14 1934

19. UNDERTAKER (ADDRESS) Blincoe & Sons Odessa, Mo

20. FILED Apr. 12, 1934 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 14, 1934

22. I HEREBY CERTIFY, That I attended deceased from Apr. 10 1934 to April 14, 1934
I last saw him alive on April 14, 1934. Death is said to have occurred on the date stated above, at 3 30 p.m.
The principal cause of death and related causes of importance were as follows:

Prematurity — Date of onset

159

Other contributory causes of importance:

Name of operation none — Date of
What test confirmed diagnosis? Lab & 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) Sidney F Pollack M.D.
(Address) 630 Argyle Bldg KC Mo