

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

Do not use this space.

17012

**1. PLACE OF DEATH**

County..... Jackson  
 Township..... KEV  
 City..... Kansas City

Registration District No. 399  
 Primary Registration District No. 1002  
 (No. Locarno Apartments)

File No. ....  
 Registered No. 2381  
 St. .... Ward)

**2. FULL NAME**

Annie Ford Foster

(a) Residence, No. Locarno Apartments 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Use the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) October 6, 1874

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	59	7	23	

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	<u>At home</u>
	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) Ayr Ontario, Canada

13. NAME John P. Ford

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

15. MAIDEN NAME Jessie B. Stark

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

17. INFORMANT (ADDRESS) Annie Ford Foster Locarno Apartments

18. BURIAL, CREMATION, OR REMOVAL PLACE Flowers Cemetery DATE May 31, 1934

19. UNDERTAKER (ADDRESS) Price McQuinn 3235 William Plaza

20. FILED 5-31-34 Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 29, 1934

22. I HEREBY CERTIFY, That I attended deceased from Nov 7, 1932 to May 29, 1934

I last saw her alive on May 29, 1934. Death is said to have occurred on the date stated above, at P. 5:45 m.

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

Myocarditis (Degenerative) Date of onset 50

Other contributory causes of importance:

Cancer of Breast

Name of operation none Date of none

What test confirmed diagnosis? none Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? none Date of injury none, 19 none

Where did injury occur? none (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury none

Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) J. P. Kanoky, M. D.

(Address) 832 Rielle Bldg

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.

JUN 19 1934

Dr. ...  
VI-14227

9m. 10 to 12 + 1 to 3