

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 27 1935

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

Do not use this space.

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1. PLACE OF DEATH

County Henry
Township
City Windsor (No., St. Ward)

Registration District No. 14
Primary Registration District No. 4211

File No.
Registered No. 11

2. FULL NAME Miss Ophelia Ann Foster

(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 Female 4. COLOR OR RACE White 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) Jan. 11, 1859

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 I 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
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) Cross Timbers
(STATE OR COUNTRY) Missouri

13. NAME James E. Foster

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

15. MAIDEN NAME Ann Bell

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

17. INFORMANT Mrs. Will Hughes
(ADDRESS) Windsor, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Point Church
Windsor, Mo. DATE Mar. 12, 1935

19. UNDERTAKER Huston-Turner Mortuary
(ADDRESS) Windsor, Missouri

20. FILED Mar 12 1935 Registrar J. A. Blackmore

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 10, 1935

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1935 to March 9, 1935

I last saw her alive on March 4, 1935. Death is said to have occurred on the date stated above, at 7 a/m.

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

Heart Disease

Date of onset

Other contributory causes of importance:

Influenza

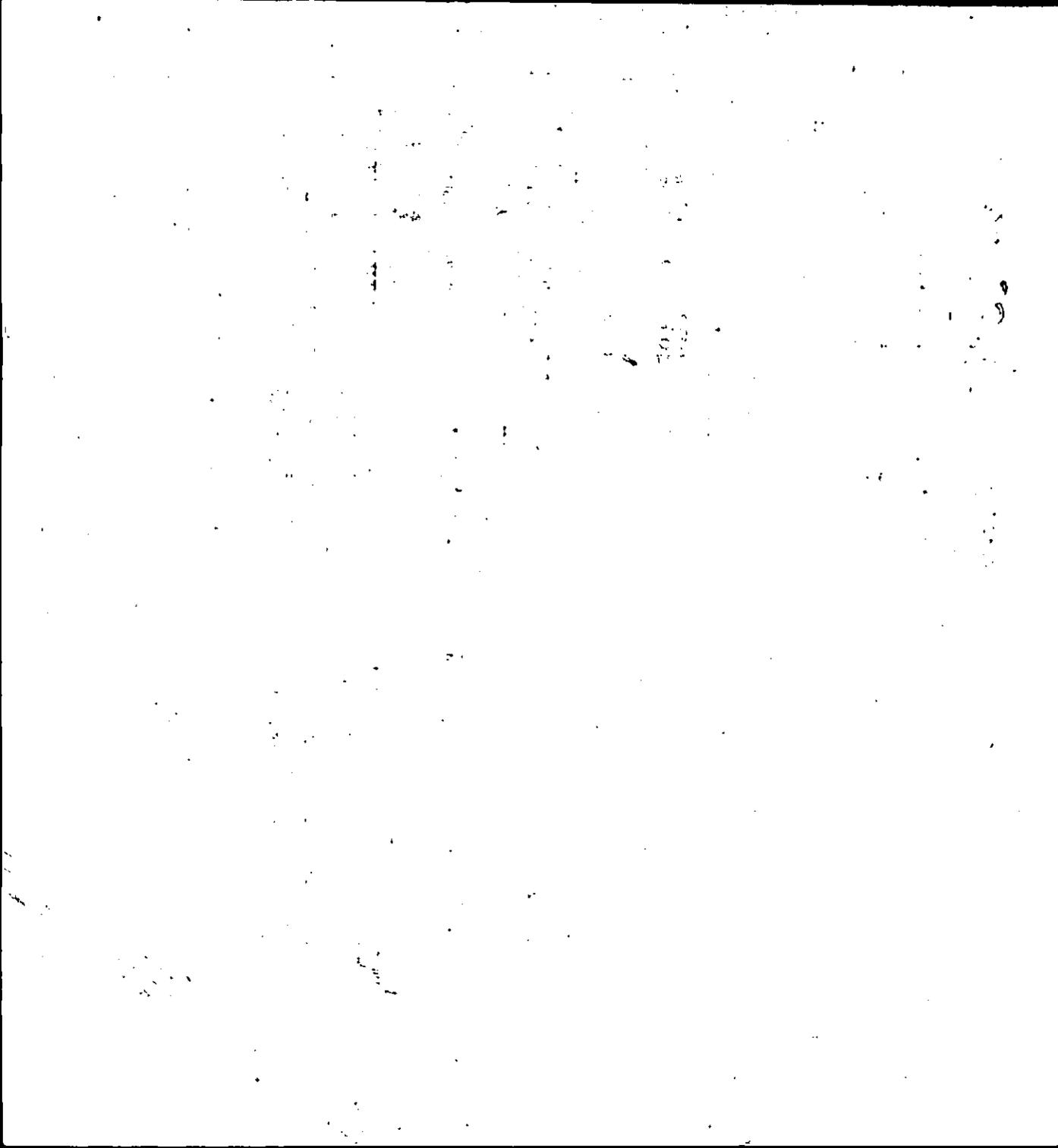
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Name of operation Date of
What test confirmed diagnosis? Clinical Was there an autopsy? No

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?
If so, specify
(Signed) J. A. Blackmore M. D.
(Address) Windsor, Mo.



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

Do not use this space.

1. PLACE OF DEATH

County Henry

Registration District No. 14

File No. 8898

Township Guide

Primary Registration District No. 4911

Registered No. _____

City Guide (No. _____ St. _____ Ward _____)

2. FULL NAME

Miss Ophelia Ann Foster

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 10, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____.

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

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min. 74 1 29

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

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 _____

Date of onset _____

Heart disease myocarditis - acute

Other contributory causes of importance:

Septicemia

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinic Was there an autopsy? _____

13. NAME _____

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

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.

15. MAIDEN NAME _____

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

Manner of injury _____

Nature of injury _____

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____, 19____

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

If so, specify _____

(Signed) F. S. Belkmore, M. D.

(Address) Anderson mo

19. UNDERTAKER (ADDRESS) _____

20. FILED Mar 22 1935 F. J. Jennings Registrar

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

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