

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

Do not use this space.

APR 1 9 1935

9629

1. PLACE OF DEATH

County Knox Registration District No. 1056
Township Colony Primary Registration District No. 5597
City _____ (No. _____) St. _____ Ward _____

File No. _____

Registered No. 3

2. FULL NAME

Revera Foust
(a) Residence, No. 2001, mo 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 (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 27-1912

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day,hrs. ormin.
<u>22</u>	<u>4</u>	<u>10</u>		

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

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) Knox Co. mo

13. NAME Court Mumford

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. mo

15. MAIDEN NAME Izella Rudicille

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knox Co. mo

17. INFORMANT A. B. Foust
(ADDRESS) 2001 mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Colony DATE July 9, 1935

19. UNDERTAKER Gerhart Hossett
(ADDRESS) 2001 mo

20. FILED Mar 15, 1935 Charles Winchell
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 7th, 1935

22. I HEREBY CERTIFY, That I attended deceased from July 1st, 1934, to March 7th, 1935
I last saw her alive on Feb 1st, 1935 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:

Pulmonary Hemorrhage (Sudden) Date of onset 3-7-35

Other contributory causes of importance: Pulmonary Tuberculosis 9-1-34

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? 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) F. M. Johnson, M. D.
(Address) Colony Mo

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.

OCCUPATION

MOTHER FATHER

