

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

Do not use this space.

10219

APR 24 1935

**1. PLACE OF DEATH**

County Pulaski  
Township Center  
City Waynesville, Mo. (No. ....)

Registration District No. 713  
Primary Registration District No. 4428

File No. ....  
Registered No. ....  
St. .... Ward

**2. FULL NAME**

Mrs. Martha 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**

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 Monroe Foster  
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3/28/1879

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, .... hrs. or .... min.
	55	11	23	

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

**9. BIRTHPLACE (CITY OR TOWN)**

(STATE OR COUNTRY) Missouri

10. NAME OF FATHER Fred Long

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

12. MAIDEN NAME OF MOTHER Mary Schultz

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Germany

14. INFORMANT J. M. Foster  
(Address) Waynesville, Mo.

15. FILED 3/21 1935 J. H. Talley  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 20 1935

17. I HEREBY CERTIFY, That I attended deceased from May, 1929, to Mar. 20, 1935 that I last saw her alive on Mar. 20, 1935, and that death occurred, on the date stated above, at 3:30 P. m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Cardio-vascular renal disease

about 6 yrs. mos. ds. (duration)

CONTRIBUTORY (SECONDARY) ..... (duration) 101 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? no DATE OF 0

WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) C. Mallett, M. D.

Mar. 21, 1935 (Address) Crocker, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Friendship Cemetery DATE OF BURIAL 3/21 1935

20. UNDERTAKER J. L. Hoops & Sons. ADDRESS Crocker, 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.

