

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 13 1935

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

Do not use this space.

14529

1. PLACE OF DEATH

County.....
Township.....
City.....

Registration District No. 791
Primary Registration District No. 1003
(No. 2619 Tennessee Ave)

File No.
Registered No. 3362
St. Ward)

2. FULL NAME

(a) Residence, No. 2619 Tennessee Ave, St. 17 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 <i>Male</i> | 4. COLOR OR RACE <i>White</i> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <i>Married</i> | | |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <i>Catherine M. Foskett</i> | | | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <i>May 13-1872</i> | | | | |
| 7. AGE | YEARS <i>62</i> | MONTHS <i>10</i> | DAYS <i>29</i> | IF LESS than 1 day,hrs. ormin. |
| OCCUPATION | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <i>Book keeper</i> | | | |
| | 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) <i>Louis Mo</i> | | | | |
| FATHER | 13. NAME <i>Loza D Foskett</i> | | | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i> | | | |
| | 15. MAIDEN NAME <i>Elia R. McDougall</i> | | | |
| MOTHER | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <i>Ohio</i> | | | |
| | 17. INFORMANT (ADDRESS) <i>Mrs Catherine Foskett 2619 Tennessee Ave</i> | | | |
| 18. BURIAL, CREMATION, OR REMOVAL | | | | |
| PLACE <i>Valhalla</i> | | DATE <i>Apr. 15 1935</i> | | |
| 19. UNDERTAKER (ADDRESS) <i>A. Iron L. U. Co 2707 N. Grand St</i> | | | | |
| 20. FILED <i>APR 12 1935 J. Bredek Registrar.</i> | | | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *April 12 1935*

22. I HEREBY CERTIFY, That I attended deceased from *June 5 1934*, to *April 12 1935*
I last saw him alive on *April 11 1935*. Death is said to have occurred on the date stated above, at *10:00 a.m.*
The principal cause of death and related causes of importance were as follows:

Carcinoma of liver
Primarily undiagnosed
Other contributory causes of importance:
Carcinoma of sigmoid 1934

Date of onset
Apr 1934

Name of operation *Exploratory laparotomy* Date of *July 5 1934*
What test confirmed diagnosis? 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) *A. Louis Schuchat*, M. D.
(Address) *2200 Chatteran Ave*

