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 21 1935

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

Do not use this space.

16344

1. PLACE OF DEATH
County Jackson — Registration District No. 398 — File No.
Township — Primary Registration District No. 3019 — Registered No. 174
City Independence, (No. , St. Ward)

2. FULL NAME Carl W. Foster
(a) Residence, No. 721 N. Liberty 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: Male
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: Elsie Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 26 - 1876

7. AGE: YEARS 58 — MONTHS 9 — DAYS 4 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Clerk
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grocery Store
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): Warsaw Mo.

FATHER
13. NAME: Hamilton Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Everett Mo.

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): " "

17. INFORMANT (ADDRESS): Edgar Mann, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Woodlawn Cem. DATE June 2 1935

19. UNDERTAKER (ADDRESS): Ott & Mitchell, Independence, Mo.

20. FILED 6-3-1935 F. L. Cook, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 30, 1935

22. I HEREBY CERTIFY, That I attended deceased from Dupty Coroner, 19
I last saw h alive on 19 Death is said to have occurred on the date stated above, at 7:35 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Fatty Myocarditis	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy? Yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? No Date of injury, 19
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
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) [signature], M. D.
(Address) 8W3 - Lee Summit Mo.