SEP 18 1935

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY. 21973-2

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.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.

112 2 6

1. PLACE OF DEATH
County Webster — Registration District No. 896 — File No.
Township ~~[illegible]~~ — Primary Registration District No. 4542 — Registered No. 29
City Marshfield (No. , St. Ward)

2. FULL NAME Robert P Foster

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(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.

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: Mollie Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 12-1860
7. AGE: YEARS 74 MONTHS 8 DAYS 3 — If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
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

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Webster Co. Mo

FATHER
13. NAME: John Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): N. C.

MOTHER
15. MAIDEN NAME: Sarah Jane Julian
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT: Mrs Mary Donnell
(ADDRESS) Marshfield Mo.

18. BURIAL, ~~CREMATION~~, OR REMOVAL
PLACE Marshfield DATE June 16 1935

19. UNDERTAKER: McMahan Funeral Service
(ADDRESS) Marshfield Mo

20. FILED Aug 27 1935 Elizabeth Highfill Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 15, 1935

22. I HEREBY CERTIFY, That I attended deceased from June 10, 1935, to June 15, 1935

I last saw h— alive on June 14, 1935. Death is said to have occurred on the date stated above, at 11 30 p m.

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

Bronchial Pneumonia

Other contributory causes of importance:

Acholuria

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?
If so, specify

(Signed) E M Bailey, M. D.
(Address) Elkland Mo