SEP 18 1935

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

Do not use this space.

25651

File No. .....

Registered No. 868

1. PLACE OF DEATH

County Buchanan — Registration District No. 85

Township ..... — Primary Registration District No. 100

City St Joseph (No. Lesliro Hospital St. ..... Ward)

2. FULL NAME Janice Faye Foster

(a) Residence, No. 535 W. Chestnut 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: F

4. COLOR OR RACE: Wh

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 9 - 1926

7. AGE: Years 9 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Livingston Co Missouri

FATHER

13. NAME E. H. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Lefyl Moon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT E. H. Foster
(ADDRESS) 535 W. Chestnut St

18. BURIAL, CREMATION, OR REMOVAL Chilleth
PLACE ~~Cities Service~~, DATE 8/16, 19 35

19. UNDERTAKER C. L. Hinsley
(ADDRESS) 1120 Frederick

20. FILED 8-16, 1935 John R. Bloecher
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 14, 1935 to Aug 15, 1935

I last saw her alive on Aug 14, 1935. Death is said to have occurred on the date stated above, at 12 m.

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

	Date of onset
General peritonitis	8-13-35

Other contributory causes of importance:

Gangrenous Appendicitis	8-12-35

Name of operation Laparotomy Date of 8-14-35

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) H. D. Kearby, M. D.

(Address) St. Joseph 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.