

NOV 26 1935

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

Do not use this space.

33139

1. PLACE OF DEATH

County Johnson Registration District No. 14
Township Jefferson Primary Registration District No. 0587
City Lecton, Mo. R4 (No. _____) St. _____ Ward _____
Registered No. 3

2. FULL NAME

(a) Residence, No. Lecton, R4 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. 6 mos. _____ ds. How long in U. S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mary Ellen Fosnow</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 12 - 1856</u>		
7. AGE	YEARS	MONTHS
	<u>77</u>	<u>7</u>
		DAYS
		<u>5</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	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 <u>Life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>		
MOTHER	13. NAME <u>John Wm. Fosnow</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Betty Lettlat</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>John Wm. Fosnow</u> (ADDRESS) <u>Lecton, Mo. R4</u>		
18. BURIAL, CREMATION, OR REMOVAL		
PLACE <u>Lecton</u> DATE <u>Oct 10</u> 19 <u>35</u>		
19. UNDERTAKER <u>Fred E. Wilkenson</u> (ADDRESS) <u>Quincy, Mo.</u>		
20. FILED <u>Oct 10, 1935</u> <u>F. J. Garming</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 8 1935

22. I HEREBY CERTIFY, That I attended deceased from Oct 8, 1935, to Oct 8, 1935.
I last saw him alive on Oct 8, 1935. Death is said to have occurred on the date stated above, at 5:50 p. m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia
unilateral (Right side)
Date of onset 10-7-35

Other contributory causes of importance:
Diabetes Mellitus 15 yrs

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? No

23. If death was due to external cause (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) J. P. [Signature] M. D.
(Address) Lecton, Mo.

COPYED 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.

JUN 29 1950