

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

Do not use this space.

JAN 16 1936

39366

1. PLACE OF DEATH

County Henry
Township _____
City Windsor (No. _____)

Registration District No. 14
Primary Registration District No. 4291

File No. _____
Registered No. 36
St. _____ Ward _____

2. FULL NAME

Mrs Dorothea Elizabeth Foster

(a) Residence, No. 302 Commercial St. Ward. _____
(Usual place of abode)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF Mrs Garner P. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 16 - 1855

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
80 1 14

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Pambrake Kentucky

FATHER 13. NAME Jama A Wathers

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

MOTHER 15. MAIDEN NAME Rwen

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

17. INFORMANT Foster Amick (ADDRESS) Windsor Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor DATE Jan 1 1936

19. UNDERTAKER C W Auster (ADDRESS) 304 S Main Windsor Mo

20. FILED Dec 31 1935 Registrar J. J. Forman

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30, 1935

22. I HEREBY CERTIFY That I attended deceased from Oct 10, 1930 to Dec 30, 1935

I last saw him alive on Dec 30, 1935. Death is said to have occurred on the date stated above, at 1:30 PM

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

Other contributory causes of importance:
Intra Arterial Fracture of the hip

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

23. If death was due to external cause (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1935

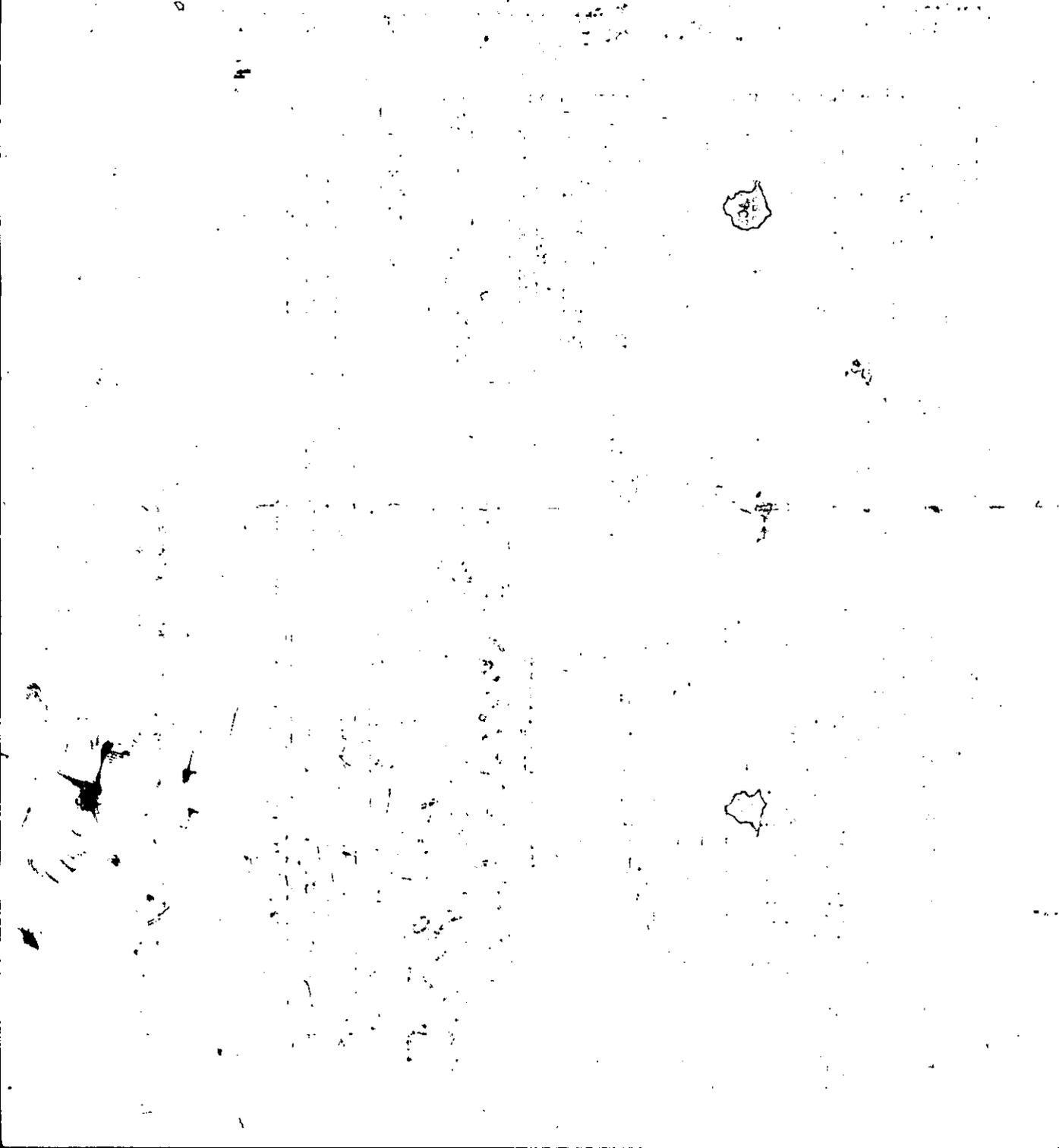
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased?
If so, specify no
(Signed) J. C. M. J. J.
(Address) Windsor 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.

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

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1. PLACE OF DEATH

County Henry Registration District No. 14 File No. _____
Township _____ Primary Registration District No. 4211 Registered No. _____
City Windsor (No. _____) St. _____ Ward _____

2. FULL NAME

Mrs Martha Elizabeth Foster

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) _____

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 1X

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) _____

13. NAME _____

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

15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED _____ 19____ J. J. Damin Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/30 1935

I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

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

Date of onset _____

Other contributory causes of importance:

Intra articular fracture of hip

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

23. If death was due to external (violence) or in either the following: Accident, suicide, or homicide? at home Date of injury _____, 19____

Where did injury occur? at home (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place
In home due to fall on floor

Manner of injury _____

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) A. J. McNeil D.O.
(Address) Windsor, Mo.

SUPPLEMENTARY

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.

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