FEB 18 1936

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

Do not use this space.

203

1. PLACE OF DEATH
County Buchanan — Registration District No. 83 — File No.
Township — Primary Registration District No. 5124 — Registered No.
City Faucett (No. , St. Ward)

2. FULL NAME Edward Alonzo 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. 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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 25th. 1872

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
63	0	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Trucking
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) Faucett. Missouri

FATHER
13. NAME James Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Elizabeth Stockton
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT Allen Foster
(ADDRESS) Faucett, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Yates Cemetery, DATE Jan. 16. 1936

19. UNDERTAKER Lucian Davis
(ADDRESS) Dearborn, Missouri

20. FILED 1/16/ 1936 W. S. Hull
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 15. 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from January 8, 1936, to January 15, 1936, 19
I last saw him alive on January 15, 1936. Death is said to have occurred on the date stated above, at 8 P. M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of Right Breast	June 1935

Other contributory causes of importance:
Probably a cancer

Name of operation — Date of
What test confirmed diagnosis None — 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?
If so, specify
(Signed) W. S. Hull, M. D.
(Address) Faucett, Missouri

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.

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS CERTIFICATE. Do not use abbreviations.

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

1. PLACE OF DEATH
County: Buchanan — Registration District No.: 83 — File No.:
Township: — Primary Registration District No.: 5124 — Registered No.:
City: (No. , St. Ward)

2. FULL NAME: Edward Alonzo 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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 63 — Months 0 — Days 12 — 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)

FATHER
13. NAME
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

MOTHER
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 1-16 1936 W. S. Hull Registrar.

SUPPLEMENTARY

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 15 1936

22. I HEREBY CERTIFY, That I attended deceased from , 19, to , 19.
I last saw him 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
Carcinoma Rt. Breast	12/35

SD

Other contributory causes of importance:
Probably a bruise caused by a truck backing hitting against a wall

	1933

Name of operation Tumor Removed Date of 7-16-1934
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? Not sure this was cause of cancer (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Sometime during 1933 - my Pickup Truck
Manner of injury
Nature of injury Not completely recovered after cancer developed.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) W. S. Hull, M. D.
(Address) Faucett, 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.

S-203