

FEB 20 1936

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

Do not use this space.

2142

1. PLACE OF DEATH

County Marion Registration District No. 547  
Township Macon Primary Registration District No. 3074  
City Hannibal (No. 1275, Callier) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 37

2. FULL NAME Jennie Foster

(a) Residence, No. 1275 Callier St. \_\_\_\_\_ Ward \_\_\_\_\_  
(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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>Colored</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Unknown</u>		
7. AGE	YEARS	MONTHS
<u>about 69</u>		
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 27<sup>th</sup> 1936

22. I HEREBY CERTIFY that I attended deceased from Dec 19, 1935, to Jan 27, 1936  
I last saw her alive on Jan 26, 1936. Death is said to have occurred on the date stated above, at 5:45 am.  
The principal cause of death and related causes of importance were as follows:  
Myocarditis

Other contributory causes of importance:

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Mo</u>
	13. NAME <u>David Foster</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>
	15. MAIDEN NAME <u>Susie Bassett</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Parrish Mo</u>
17. INFORMANT <u>Mr. Ed. Foster</u> (ADDRESS) <u>1275 Callier St. Hannibal, Mo</u>	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Baptist</u> DATE <u>1/30/36</u> 19 <u>36</u>	
19. UNDERTAKER <u>James O'Donnell</u> (ADDRESS) <u>Hannibal, Mo</u>	
20. FILED <u>Jan 30 1936</u> <u>R. H. Schute</u> Registrar.	

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? clinical 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? No  
If so, specify \_\_\_\_\_  
(Signed) R. H. Schute, M. D.  
(Address) 2005 Market St

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.

