

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

Do not use this space.

10783

MAR 25 1936

1. PLACE OF DEATH

County Jackson
 Township Jkaw
 City Kansas City (No. 720, Prospect

Registration District No. 399
 Primary Registration District No. 1002

File No. _____
 Registered No. 1455
 St. _____ Ward _____

2. FULL NAME

Richard David Foster

(a) Residence, No. 720 Prospect St., _____ Ward _____
 (Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28-1899

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
36 9 19

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

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) 1 month 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) De Witt Mo

13. NAME George W. Foster

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

15. MAIDEN NAME Anna Daley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Rennick Mo

17. INFORMANT George W. Foster (ADDRESS) 720 Prospect

18. BURIAL, CREMATION, OR REMOVAL PLACE Evergreen Cem DATE March 20, 1936

19. UNDERTAKER W. Newcomers Sons (ADDRESS) Kansas City Mo

20. FILED Mar 18 1936 M. M. Cronin Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar-17-1936

22. I HEREBY CERTIFY, that I attended deceased from _____ 1925 to March 17, 1936
 I last saw him alive on March 17, 1936 Death is said to have occurred on the date stated above, at 9 P.

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

Generalized Tuberculosis 1935
26
 Other contributory causes of importance: Spinal TB. 1925

Name of operation _____ Date of _____
 What test confirmed diagnosis? Lab. 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) V. Kraus, M. D.
 (Address) 314 Thacker Way. N.S. 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.

Sh. Hert

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