

MAY 21 1936

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

Do not use this space.

14969

1. PLACE OF DEATH

County MadisonRegistration District No. 365File No. 6Township WheatlandPrimary Registration District No. 5511

Registered No. _____

City Wheatland (No. _____) St. _____ Ward _____2. FULL NAME Samuel Murphy Foster(a) Residence, No. Bentonville Mo St. Ward _____

(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) widowed5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Minnie Foster6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1860 Mar 57. AGE YEARS MONTHS DAYS If LESS than 1 day, 76 1 18 9 hrs. or 9 min.

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) mo13. NAME Samuel Foster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) W. Parkina15. MAIDEN NAME Jane Miller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wheatland17. INFORMANT Jessie P. P. P. (ADDRESS) Wheatland mo18. BURIAL, CREMATION, OR REMOVAL PLACE Wheatland DATE April 25 193619. UNDERTAKER Wheatland (ADDRESS) Wheatland mo20. FILED Apr 24 1936 Mrs. R. S. Johnston Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 23 193622. I HEREBY CERTIFY, That I attended deceased from Apr - 18 - 1936 to Apr - 23 - 1936I last saw him alive on Apr - 22 - 1936 Death is saidto have occurred on the date stated above, at 2 a. m.

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

Bronchial Pneumonia Date of onset 4-16-36Other contributory causes of importance: 10/2

Name of operation _____ Date of _____

What test confirmed diagnosis? Phys. Exam 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) A. S. Johnston _____, M. D.(Address) Wheatland mo

WRITE PLAINLY, 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.

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