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.

JUN 23 1936

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

Do not use this space.

20112

1. PLACE OF DEATH

County: MONROE — Registration District No. 582 — File No.

Township: — Primary Registration District No. 4344 — Registered No. 37

City: Paris, Missouri. (No. , St. Ward)

2. FULL NAME: MARY CATHRINE FOSTER.

(a) Residence, No. St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 8 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: FEMALE
4. COLOR OR RACE: WHITE
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): MARRIED

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: THOS. DAVID FOSTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): OCT. 25, 1865

7. AGE: YEARS 70 — MONTHS 6 — DAYS 15 — If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: AT HOME
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): MONROE CO. MO

FATHER

13. NAME: JOHN HOWELL
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

MOTHER

15. MAIDEN NAME: ELIZABETH JONES
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MO.

17. INFORMANT (ADDRESS): MRS. ELIZABETH McGEE, Paris, Missouri.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: BETHAL CEM., HOLLIDAY, MO. DATE: May 11, 1936

19. UNDERTAKER (ADDRESS): Speed & Blakey, Paris, Missouri.

20. FILED: MAY 10 1936 — H. C. Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): MAY 10 1936, 19

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936, to May 10, 1936. I last saw her alive on May 10, 1936. Death is said to have occurred on the date stated above, at 12:20 A.M.

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

Coronary Thrombosis — Date of onset 5/10/36

94b

Other contributory causes of importance:

Arterio-Sclerosis — N.K.

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? no
If so, specify

(Signed) Geo M. Ragsdale, M. D.
(Address) Paris, Missouri.