

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

Do not use this space.

OCT 20 1936

33664

1. PLACE OF DEATH

County Buchanan, Registration District No. 83
Township Wallace, Primary Registration District No. 5124
City Wallace, (No. Wallace, Missouri, St. _____ Ward _____)

File No. _____

Registered No. _____

2. FULL NAME Carrie Foster,

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

Length of residence in city or town where death occurred 40 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed,

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 13th 1936

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Charles W. Foster,

22. I HEREBY CERTIFY, That I attended deceased from Sept. 9th 1936 to Sept. 13th 1936
I last saw her alive on Sept. 13th 1936, Death is said to have occurred on the date stated above, at 3:30 p.m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan'y 25, 1861
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 75 7 18

Croupous Pneumonia Date of onset _____

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeping,
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. At Home,
10. Date deceased last worked at this occupation (month and year) September 1935 11. Total time (years) spent in this occupation 50

Other contributory causes of importance: 108

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Buchanan County, Missouri,

Name of operation _____ Date of _____
What test confirmed diagnosis Micro Was there an autopsy? no

FATHER 13. NAME James M. Price,
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Terre Haute, Indiana,

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.

MOTHER 15. MAIDEN NAME Emily J. Davis,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown, Kentucky,

Manner of injury _____
Nature of injury _____

17. INFORMANT (ADDRESS) Mrs. William Galbreath, Wallace, Missouri,

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify _____ (Signed) A. R. Peter, M. D.
(Address) Wallace Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Dearborn, Masonic DATE Sept. 15th 1936

19. UNDERTAKER (ADDRESS) Heaton Bell, 430 Broadway, St. Joseph, Mo. Funeral Home

20. FILE Sept. 14, 1936 W. S. Keefe Registrar.

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.

