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.

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

OCT 21 1936

Do not use this space.

1. PLACE OF DEATH
County Cole
Township ~~Marion~~
City Centertown (No. ..... St. ..... Ward)

Registration District No. 211
Primary Registration District No. 4128

File No. 37135
Registered No. 20

2. FULL NAME Sarah Ann 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 26 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 Theodore Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1873

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
62	10	19	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Moniteau County, Mo.

FATHER
13. NAME ~~Sarah Ann~~ Alex Anderson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri U. S. A.

MOTHER
15. MAIDEN NAME Mary Ann Longan
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri U. S. A.

17. INFORMANT (ADDRESS) Mrs. Amanda Garnett Jefferson City, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New Hope DATE Oct. 3 1936

19. UNDERTAKER (ADDRESS) Steffens Undertaking Co., Russellville, Mo.

20. FILED 10/3 1936 H. T. Leach M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to October 2, 1936
I last saw her alive on October 2, 1936. Death is said to have occurred on the date stated above, at 8:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Phthisis Pulmonalis	do not know

23

Other contributory causes of importance: none

Name of operation none 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? .....
If so, specify .....
(Signed) Frank J. Nichols, M. D.
(Address) Centertown, Mo.

11-13
-10-2

1936-10-7
1973-11-13
62-10-19