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

Do not use this space.

38486

1. PLACE OF DEATH DEC 29 1936

County NEWTON — Registration District No. 609 — File No.

Township — Primary Registration District No. 4363 — Registered No. 118

City NEOSHO (No. , St. Ward)

2. FULL NAME HORACE FORSYTHE 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 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): MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): JAN 8 1862

7. AGE: YEARS 74 — MONTHS 9 — DAYS 23 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Doctor of Medicine
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: 46

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): ILLINOIS

FATHER

13. NAME: GEORGE FOSTER
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): VIRGINIA

MOTHER

15. MAIDEN NAME: CASSANDRA FORSYTHE
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): INDIANA

17. INFORMANT (ADDRESS): MRS EMMA FOSTER NEOSHO MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE: I.O.O.F. Cemetery DATE: 10/3 1936

19. UNDERTAKER (ADDRESS): Deghamis Neosho Mo

20. FILED: 11-9 1936 Onal Asal M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 1, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 30, 1936 to Oct 1, 1936

I last saw him alive on Oct 1, 1936. Death is said to have occurred on the date stated above, at 8 p.m.

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

	Date of onset
Uremia	

Other contributory causes of importance:

Chronic Interstitial Nephritis

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) C. E. Mavess, M. D.

(Address) Neosho Mo

FORM-3-28-35