

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

Do not use this space.

FEB 23 1937

1. PLACE OF DEATH

97 County Saline
5 Township Marshall
7 City Marshall (No. 2)

Registration District No. 796
Primary Registration District No. 3038

File No. 4530
Registered No. 16
St. _____ Ward _____

2. FULL NAME

Rebecca Foster

(a) Residence, No. _____
(Usual place of abode)

St. _____ Ward _____

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE Col 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Amos D Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 28 - 1892
7. AGE YEARS 45 MONTHS 3 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. Housekeeper
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) Mo (STATE OR COUNTRY)

13. NAME David Booker

14. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

15. MAIDEN NAME Mary Couchfield

16. BIRTHPLACE (CITY OR TOWN) Mo (STATE OR COUNTRY)

17. INFORMANT Mary Booker (ADDRESS) Marshall Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Marshall Mo DATE 1-26 1937

19. UNDERTAKER T. D. Ferguson (ADDRESS) Marshall Mo

20. FILED Jan. 26 1937 Helene Kustan Deputy Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 24 1937

22. I HEREBY CERTIFY, That I attended deceased from Jan 18 1937, to Jan 24 1937
Last saw her alive on Jan 23 1937. Death is said

to have occurred on the date stated above, at 5 A.m.
The principal cause of death and related causes of importance were as follows:

Lobar Pneumonia

Other contributory causes of importance:

Influenza
Suppurative Otitis

Name of operation none Date of _____
What test confirmed diagnosis? Physical 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) W. H. Madison M. D.

(Address) Marshall Mo.

N. B.—Every item of information 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.

