

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.

MAR 20 1937

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

Do not use this space.

6859

1. PLACE OF DEATH

County Jasper
Township North City
City North City (No. _____) St. _____ Ward _____

Registration District No. 417
Primary Registration District No. 3021

File No. _____
Registered No. 15

2. FULL NAME Alfred Foster

(a) Residence, No. 709 N. Main St. _____ Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 46 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) Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 18, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
68 9 15

8. Trade, profession, or particular kind of work done, as plumber, sawyer, bookkeeper, etc. Carpenter

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) Newton Co.
(STATE OR COUNTRY) Missouri

13. NAME William Foster

14. BIRTHPLACE (CITY OR TOWN) No data
(STATE OR COUNTRY) England

15. MAIDEN NAME Polly Ann M. Cormick

16. BIRTHPLACE (CITY OR TOWN) Nashota
(STATE OR COUNTRY) Tennessee

17. INFORMANT Olisell Whitaker
(ADDRESS) North City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE North City Cemetery Feb 5 1937

19. UNDERTAKER Hedge Nelson Funeral Home
(ADDRESS) North City Mo.

20. FILED Feb 4 1937 H. L. Hatchett, M.D.
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) February 3 1937

22. I HEREBY CERTIFY, That I attended deceased from 2/20 1937, to 3 1937

I last saw him alive on February 3, 1937. Death is said to have occurred on the date stated above, at 12 P. m.

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

Pneumonia
Ischaemia Date of onset _____

Other contributory causes of importance: Working in mine

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 _____, 1937

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) H. L. Hatchett, M. D.

(Address) North City Mo.

Lincoln