

MAR 22 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County LawrenceRegistration District No. 474File No. 7023Township OparkPrimary Registration District No. 5638

Registered No. ....

City Walden Mo. R. 3

(No. ....)

St. ....

Ward) ....

2. FULL NAME Leroy Edmond Foster

(a) Residence, No. ....

St. ....

Ward. ....

(If nonresident, give city or town and State)

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

Unie Foster

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

March - 22 - 1859

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, .....hra. or .....min.

77112

OCCUPATION

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

Farmer

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)

Illinois

MOTHER FATHER

13. NAME

Thomas Foster

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

Ill

15. MAIDEN NAME

Louisa Edmondson

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

Ill.

17. INFORMANT

(ADDRESS)

Mrs Unie Foster  
Walden Mo. R. 3

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Halltown Mo.

DATE

2/25 1937

19. UNDERTAKER

(ADDRESS)

Brin General Service  
Walden Mo.

20. FILED

Feb 26 1937 Mrs. Anna Wilkerson  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

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

I HEREBY CERTIFY That I attended deceased from

Feb. 1937, to Feb. 25 - 1937I last saw him alive on Feb. 18th, 1937. Death is saidto have occurred on the date stated above, at 10 p. m.

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

Date of onset

Cancer of the Liver

Other contributory causes of importance:

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) J. S. Morris, M. D.(Address) Walden Mo. R. 2

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.

9992

I X9314

