

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH

County

Cape Girardeau

Registration District No.

124-

File No.

11427

Township

Cape Girardeau

Primary Registration District No.

3009

Registered No.

72

City

Cape Girardeau

St.

Ward)

2. FULL NAME

Mrs Nina May Hogan Foster

(a) Residence, No.

Wardell, Mo.

Ward.

Wardell Mo.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred

yrs.

mos.

/

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

Eugene Foster

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

4-15-1917

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, hrs. or min.

1

19

8

20

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

OCCUPATION

MOTHER FATHER

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

Wardell Mo

13. NAME

Mitchell Hogan

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

New Madrid Missouri

15. MAIDEN NAME

Betta May Thomas

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

Wardell Mo.

17. INFORMANT (ADDRESS)

Mr Mitchell Hogan

18. BURIAL, CREMATION, OR REMOVAL

PLACE

DATE

Wardell Mo.

3-9-37

19. UNDERTAKER (ADDRESS)

Smith Funeral Home
Cassville, Mo.

20. FILED

3-15-37 J. M. Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

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

March 5 - 1937

22. I HEREBY CERTIFY, That I attended deceased from

3/5, 1937, to 3/5, 1937

I last saw her alive on 3/5, 1937. Death is said

to have occurred on the date stated above, at 2:50 P.M.

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

Septicemia of pregnancy
 @ Embolism
 @ Hypertension
 @ Acute Nephritis

Date of onset

3/4/37

3/4/37

?

?

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) Chas. J. Schubert, M. D.

(Address)

630 W. 11th St.
Cape Girardeau, Mo

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.

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