

AUG 30 1937

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

Do not use this space.

## 1. PLACE OF DEATH

County HallTownship SavertonCity Saverton (No. 2)Registration District No. 726Primary Registration District No. 2-9-4-8File No. 28154Registered No. 2

St. \_\_\_\_\_

Ward \_\_\_\_\_

2. FULL NAME Henry H. Foster

(a) Residence, No. \_\_\_\_\_ St., \_\_\_\_\_ Ward.

(Usual place of abode)

(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 Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30 1887

7. AGE

YEARS 50

MONTHS \_\_\_\_\_

DAYS 15

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Framer

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) Saverton Mo13. NAME Henry Foster14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Penn15. MAIDEN NAME Anna West16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saverton Mo17. INFORMANT (ADDRESS) Mrs. Sam Love Saverton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Century CemeteryDATE 7-19-

1937

19. UNDERTAKER (ADDRESS) James D. Smith Hannibal Mo20. FILED July 19 1937

Blanche McGowan

Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/15, 193722. I HEREBY CERTIFY, That I attended deceased from No medical attention, 1937

I last saw h. \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at \_\_\_\_\_ m.

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

Death caused by cutting irregular with razor by own hand

Date of onset \_\_\_\_\_

Other contributory causes of importance: 168

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 7/15, 1937Where did injury occur? New River Park, Hall County

(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. HomeManner of injury By own cut

Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify \_\_\_\_\_

(Signed) Clyde C. Walkey Corcoran(Address) Perry, 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.

