

NOV 17 1937

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

Do not use this space.

37757

1. PLACE OF DEATH

County HarrisonRegistration District No. 335

Township

Primary Registration District No. 4198City Blythe Dale

(No.)

St.

Ward)

2. FULL NAME Roy Foster Jr.

(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

M

4. COLOR OR RACE

W5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)single5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OFX

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

10-13-1937

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day,hrs.
ormin.0048. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.none9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Blythe Dale Mo.

13. NAME

Roy Foster14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Madaway County
Missouri

15. MAIDEN NAME

Margaret Barber16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)North County
Missouri17. INFORMANT
(ADDRESS)Roy Foster
Blythe Dale, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACEMonson CemeteryDATE November 18, 193719. UNDERTAKER
(ADDRESS)W. H. Bass
Blythe Dale Mo.

20. FILED

11/11937R. G. Foster
Registrar.

(Address)

C. M. Carpenter, M.D.
Blythe Dale Mo.

MEDICAL CERTIFICATE OF DEATH

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

10-17-1937

22. I HEREBY CERTIFY, That I attended deceased from

Oct 131937to Oct 171937I last saw him alive on Oct 13, 1937. Death is saidto have occurred on the date stated above, at 3 A m.

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

Acute myocardial infarction.Date of onset
Birth

Other contributory causes of importance:

None

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? No

If so, specify

(Signed)

C. M. Carpenter, M.D.
Blythe Dale Mo.

(Address)

Blythe Dale 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.

