

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.

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

Do not use this space.

NOV 18 1937

37937

1. PLACE OF DEATH

County Jasper Registration District No. 411
Township Galena Primary Registration District No. 2007
City Galena (No. 11. th. v. Range Line Registered No. _____ Ward) _____

2. FULL NAME

(a) Residence, No. pt 1 care x, St., _____, Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or WIFE OF) Harry Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 15 1877
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 35 60 0 9

8. Trade, profession, or particular kind of work done, as engineer, 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 _____

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

13. NAME Quincy Allen

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

15. MAIDEN NAME Margaret Brown

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

17. INFORMANT (ADDRESS) Jasper

18. BURIAL, CREMATION, OR REMOVAL PLACE Cardington DATE 10-26-37

19. UNDERTAKER (ADDRESS) Jasper Mo

20. FILED 10-25-37 Registrar. Jasper

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 24 1937
22. I HEREBY CERTIFY, That I attended deceased from Sept 15 1937 to Oct 23 1937
I last saw her alive on Oct 23 1937 Death is said to have occurred on the date stated above, at Wagon
The principal cause of death and related causes of importance were as follows:

Date of onset _____
Sprouce Myocarditis
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) Harry J. Martonough M. D. 3
(Address) Jasper, Mo.

