

DEC 14 1937

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

Do not use this space.

File No. **40627**
Registered No. _____
Ward _____

1-9
5105

1. PLACE OF DEATH

County Belleinger Registration District No. _____
Township Filsare Primary Registration District No. _____
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME Nancy Melvins Foster

(a) Residence, No. Glen Allen, Mo. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 18, 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Foster

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1937, to death, 1937.

I last saw her alive on Sept 22, 1937. Death is said to have occurred on the date stated above, at 6:30 A.m.

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

Nephritis

Date of onset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 1860
7. AGE YEARS 77 MONTHS 3 DAYS _____
If LESS than 1 day, _____ hrs. or _____ min.

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 _____

Other contributory causes of importance: age

12. BIRTHPLACE (CITY OR TOWN) Belleinger, Co. (STATE OR COUNTRY)

Name of operation _____ Date of _____
What test confirmed diagnosis? urinalysis Was there an autopsy? No

13. NAME Calvin Pulluin

14. BIRTHPLACE (CITY OR TOWN) U.S.A. (STATE OR COUNTRY)

15. MAIDEN NAME Don't know

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

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.

17. INFORMANT Silvy Foster (ADDRESS) Glen Allen, Mo.

18. BURIAL, CREMATION, OR REMOVAL *
PLACE Old Trace Creek Cem. DATE Nov. 19, 1937

Manner of injury _____
Nature of injury _____

19. UNDERTAKER Baker Funeral Home (ADDRESS) Lutesville, Mo.

24. Was disease or injury in any way related to occupation of deceased?
If so, specify _____ (Signed) Adam G. Wagner, M. D.
(Address) Gravelton

20. FILED 121, 1937 J. G. Howard Registrar.

OCCUPATION

FATHER

MOTHER

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40627
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1. PLACE OF DEATH

(a) County Bollinger Registration District No.
(b) Township Primary Registration District No. Registered No.
(c) City (d) Street No. St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Nancy M. Foster

(a) Residence, No. St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) W

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
77 3

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

9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

15 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7 00 18 1937

22. I HEREBY CERTIFY, That I attended deceased from to 19.....

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:

Septicemic, chronic

Date of onset

Other contributory causes of importance: 131

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) A. J. Wagner , M. D.

(Address) Gravelton mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
PHYSICIANS should state EXACTLY. Exact statement of OCCUPATION is very important. so that it may be properly classified.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

40629
Do not use this space.

PLACE OF DEATH

(a) County Bollinger Registration District No. 69
 (b) Township Filmou Primary Registration District No. 5105 Registered No. _____
 (c) City _____ (d) Street No. _____ St. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

PRINT FULL NAME

Nancy Melina Foster
 (a) Residence, No. 250 St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

1. SEX Female
 4. COLOR OR RACE White
 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow
 6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. S. Foster
 7. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 18 - 1860
 7. AGE YEARS 77 MONTHS 3 If LESS than 1 day, _____ hrs. or _____ min.
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc. _____
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 700 18 1937
 22. I HEREBY CERTIFY, That I attended deceased from June 1 1937 to Sept 22 1937. I last saw her alive on Sept 22 1937. Death is said to have occurred on the date stated above, at 6:30 A. M.
 The principal cause of death and related causes of importance were as follows:
no specific
 Date of onset _____
 Other contributory causes of importance: age

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bollinger
 13. NAME Calvin Pulliam
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) USA
 15. MAIDEN NAME Don't know
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 17. INFORMANT (ADDRESS) Silvy Foster
250 Allen mo
 18. BURIAL, CREMATION, OR REMOVAL PLACE Old Tract Crem DATE Nov 19 1937
 19. FUNERAL DIRECTOR (ADDRESS) Dalton Funeral Home
Filmou mo 27 J. E. Galt
 20. FILED May 25 1938 Mrs J. A. Berry
 Local Registrar.

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) Adam F. Wagner, M. D.
 (Address) Graneton mo