JAN 19 1938

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

Do not use this space.

File No. 45533

Registered No.

1. PLACE OF DEATH
County Howell
Township
City West Plains, Mo (No. , St. Ward)

Registration District No. 384
Primary Registration District No. 4227

2. FULL NAME ALMA HAZEL FOSTER

(a) Residence, No. St., Ward. Olden, 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. ds. 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): Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 12, 1870

7. AGE: YEARS 67 | MONTHS 4 | DAYS 1 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. None
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) Fayetteville, Mo.

FATHER
13. NAME Wm. H. Jones.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill.

MOTHER
15. MAIDEN NAME Letitia L. Lemmon.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia.

17. INFORMANT Geo. L. Jones.
(ADDRESS) Olden, Mo.

18. ~~BURIAL, CREMATION, OR~~ REMOVAL
PLACE Warrensburg, Mo. DATE Dec. 14, 37

19. UNDERTAKER Hal Thornburgh.
(ADDRESS) West Plains, Mo.

20. FILED 12-14, 1937 Vida W. Simons Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec. 7th, 1937, to Dec. 13, 1937

I last saw her alive on Dec. 12th, 1937. Death is said to have occurred on the date stated above, at 5:45 A.M.

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

	Date of onset
Pernicious Anemia. (about	4/15/ 1936

Other contributory causes of importance:

Name of operation None Date of X

What test confirmed diagnosis? Clinical Was there an autopsy? No.

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. Thornburgh, M. D.
(Address) West Plains, 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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