

JAN 20 1938

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

Do not use this space.

58

4

1. PLACE OF DEATH

County Linn  
Township Jackson  
City (No. \_\_\_\_\_) \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 1094  
Primary Registration District No. 566 2

File No. 45928  
Registered No. \_\_\_\_\_

2. FULL NAME Samuel Harrison 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

MEDICAL CERTIFICATE OF DEATH

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

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

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

22. I HEREBY CERTIFY, That I attended deceased from Mar 11, 1937, to Dec 21, 1937  
I last saw him alive on Dec 21, 1937 Death is said to have occurred on the date stated above, at 10:40 p.m.  
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 12 - 1844  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
93 5 9

Hodgkins Disease Date of onset Jan 1937

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1  
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: None

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Templeton Mass 2

13. NAME Mark Foster 2  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Winchester New Hampshire 2

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? None Was there an autopsy? No

15. MAIDEN NAME Sarah C Nash  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arvilla Mass

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 Miss Berie Foster  
(ADDRESS) Humphreys Mill  
18. BURIAL, CREMATION, OR REMOVAL PLACE Hareville Cem DATE Dec 25 1937

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

19. UNDERTAKER P. J. Robertson  
(ADDRESS) Carroll Mo

24. Was disease or injury in any way related to occupation of deceased? No  
If so, specify \_\_\_\_\_  
(Signed) Chas. H. Mesgrove M. D.  
(Address) Whiting Mo

20. FILED Dec. 24 1937 Eva Awoolsaunt  
Registrar.

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.

