

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

Do not use this space.

RECORDED APR 23 1938

1. PLACE OF DEATH

County Jackson Registration District No. 399 File No. 9563
 Township 1st Primary Registration District No. 1007 Registered No. 1078
 City St. Mo. (No. General Hosp #2 St. 3rd Ward)

2. FULL NAME

(a) Residence, No. 814 1/2 B. 10th Ward. 463
 (Usual place of abode) (If non-resident, 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 9-14-1885

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 5 14

8. Trade, profession, or particular kind of work done, as optician, sawyer, bookkeeper, etc. Laundress
 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) Mo. 9

13. NAME Ben Foster

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

15. MAIDEN NAME Unknown

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

17. INFORMANT (ADDRESS) Record Clerk General Hospital

18. BURIAL, CREMATION OR REMOVAL PLACE Blue Ridge DATE 3/5/38

19. UNDERTAKER (ADDRESS) H. B. Moore 1826 N. 15th St

20. FILED Mar 5 1938 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-28 1938

22. I HEREBY CERTIFY, That I attended deceased from 2-9 1938, to 2-28 1938

I last saw her alive on 2-28 1938 Death is said to have occurred on the date stated above at 6:00 PM

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

Lobar Pneumonia (Left) Date of onset 62

Other contributory causes of importance:

Pellegra

Name of operation Clinical Date of Yes
 What test confirmed diagnosis? Clinical Was there an autopsy? Yes

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) J. C. Dwyer, M. D.
 (Address) General Hosp #2

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.

