

REC'D MAY 20 1938

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

15104

Do not use this space.

File IV  
Registered No. 12

## 1. PLACE OF DEATH

- (a) County Lawrence Registration District No. 47  
(b) Township Peirce Primary Registration District No. 4284  
(c) City ..... (d) Street No. ....  
(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 Mervina Foster

- (a) Residence, No. .... St.  (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 James Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)
- Jan 25 - 1877

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
61 7 19

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. Housewife  
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.

13. NAME
- Levi Jackson

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

15. MAIDEN NAME
- Lusian Hatfield

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

17. INFORMANT (ADDRESS)
- James Foster
- 
- Peirce City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE
- City Cemetery
- DATE
- April 17, 1938

19. FUNERAL DIRECTOR (ADDRESS)
- Mrs. H. H. H. H.
- 
- Peirce City, Mo.

20. FILED
- Apr 14 1938
- E. B. Wright
- Local Registrar.
- 422

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR)
- April 14
- , 19
- 38

22. I HEREBY CERTIFY, That I attended deceased from
- Nov. 16
- , 19
- 17
- , to
- April 14
- , 19
- 38

- I last saw her alive on
- April 14
- , 19
- 38
- Death is said to have occurred on the date stated above, at
- 5:30
- p. m.

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

Pernicious AnemiaDate of onset  
9/1937

- Other contributory causes of importance:
- 
- Mitral Insufficiency

1936

- Name of operation
- none
- Date of .....

- What test confirmed diagnosis?
- clinical
- 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)
- E. B. Wright
- , M. D.

- (Address)
- Peirce City, Mo.

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**STATEMENT BY LICENSED EMBALMER**

I, ....., Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E. ....

No.....or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**