

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

Do not use this space.

REC'D JUL 14 1938

21728

**1. PLACE OF DEATH**

County Davess

Registration District No. 1148

Township Alta Mont

Primary Registration District No. 2548

City Alta Mont (No. ....) St. .... Ward (....)

**2. FULL NAME**

(a) Residence, No. .... St. .... Ward. ....  
 (Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widowed  
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF W.D. Foster (OR) WIFE OF Widow of W.D. Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-15-1859

7. AGE YEARS 78 MONTHS 7 DAYS 19 If LESS than 1 day, .... hrs. or .... min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired 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 ..... 1

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

13. NAME F.B.H. Brown

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

15. MAIDEN NAME Elizabeth Kessler

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT Daughter Mrs. + Russ Shaffer

18. BURIAL, CREMATION, OR REMOVAL PLACE Jamesport DATE July 5 - 1938

19. UNDERTAKER Mrs. Kate Shaffer (ADDRESS) Windsor Mo.

20. FILED 7-5 1938 Max G. Peck Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4 1938

22. I HEREBY CERTIFY, That I attended deceased from viewed body on July 4 1938  
 I last saw h. .... alive on 4<sup>th</sup> 19.... Death is said to have occurred on the date stated above, at 4:00 pm.

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

probably Cerebral hemorrhage (Found dead) Date of onset July 4 1938

Other contributory causes of importance: None

Name of operation None Date of .....  
 What test confirmed diagnosis? None 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) Fred W. Wilson, M. D.  
 (Address) Windsor 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.

NOV 7 1945

NOV 20 1945

20