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.

REC'D JUL 22 1938

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

Do not use this space.
22408

1. PLACE OF DEATH
County: Marion
Township: Mason
City: Hannibal
Registration District No. 547
Primary Registration District No. 3029
(No. St. Elizabeth Hospital St. Ward)
File No.
Registered No. 182

2. FULL NAME: Edward Calloway Foster 2565
(a) Residence, No. Palmyra, Mo. St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 0 mos. 12 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF: Bertha Green Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct. 6, 1876

7. AGE: Years 61 | Months 8 | Days 11 | If LESS than 1 day, ...hrs. or ...min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farming
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): June 3, 1938
11. Total time (years) spent in this occupation: 0

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo. 0

FATHER
13. NAME: Jeptha C. Foster
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo. 0

MOTHER
15. MAIDEN NAME: Mary Bross
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Palmyra, Mo.

17. INFORMANT (ADDRESS): Herbert Foster Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Greenwood Cem. DATE: 6/20/38 Palmyra, Mo.

19. UNDERTAKER (ADDRESS): Lewis Bros Palmyra, Mo.

20. FILED: June 20 1938 H. C. Fisher Registrar 04 88

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~May~~ JUNE 17 1938

22. I HEREBY CERTIFY, That I attended deceased from 6/4 1938, to 6/17 1938.
I last saw him alive on 6/17 1938. Death is said to have occurred on the date stated above, at 6:10 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar pneumonia	

Other contributory causes of importance:

Name of operation: Date of:
What test confirmed diagnosis? 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? No
If so, specify:
(Signed) J. A. Hall, M. D.
(Address) Palmyra Mo

MAY 27 1950