

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

Do not use this space.

25887

1. PLACE OF DEATH

County Marion
 Township Leason
 City Hannibal (No. Levering Hospital)

Registration District No. 547
 Primary Registration District No. 3029

File No. _____
 Registered No. 197 St. _____ Ward _____

2. FULL NAME

Margaret Iline Foubester

(a) Residence, No. New London, Mo. R.F.D. #2 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

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 15, 1938

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
2 Days

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
 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) Hannibal Missouri

13. NAME Raymond A. Foubester

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County Mo.

15. MAIDEN NAME Margaret M. Clancy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ralls County Mo.

17. INFORMANT Raymond A. Foubester (ADDRESS) New London Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Antioch, Mo DATE July 18, 1938

19. UNDERTAKER Wm. M. Smith (ADDRESS) 902 Broadway

20. FILED July 19, 1938 Mc. Grisham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 15, 1938

22. I HEREBY CERTIFY, That I attended deceased from July 15, 1938, to July 17, 1938
 Last saw h..... alive on....., 19..... Death is said

to have occurred on the date stated above, at 7:15 P.M.

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

Hemorrhage from stomach
of unknown cause
hemorrhagic disease
of the New Born
 Other contributory causes of importance:
16 hrs

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?.....

If so, specify.....
 (Signed) W. M. Smith, M. D.
 (Address) Hannibal 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.

W. M. Smith

