

DEC'D SEP 14 1938

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

Do not use this space.

1. PLACE OF DEATH

County BuchananRegistration District No. 80Township PlattePrimary Registration District No. 5-121

City (No. _____) _____

St. _____ Ward _____

2. FULL NAME Raisa E. Foster 236(a) Residence, No. _____ St., _____ 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 <u>Female</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Wm. Foster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb. 27-1871</u>		
7. AGE	YEARS	MONTHS
	<u>67</u>	<u>5</u>
		<u>17</u>
		If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>House Wif.</u>	
	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
		<u>6</u>
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Halt Co. Missouri</u>		
FATHER	13. NAME <u>Andrew Hughes</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Leeds Mass.</u>	
MOTHER	15. MAIDEN NAME <u>Larisa Matthias</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Plattana</u>	
17. INFORMANT (ADDRESS) <u>M. Foster Dearborn Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE, DATE <u>Dearborn Mo. Aug 16 1938</u>		
19. UNDERTAKER (ADDRESS) <u>William David Dearborn Mo.</u>		
20. FILED <u>Aug 15 1938</u> <u>Mrs. Lucy Powell</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 14 193822. I HEREBY CERTIFY, That I attended deceased from July 10th, 1938, to 8-14, 1938I last saw her alive on Aug 6th, 1938. Death is saidto have occurred on the date stated above, at 11:30 a.m.

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

Myocarditis

Date of onset

August

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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) J. C. Sparks, M. D.(Address) Dearborn, Mo.

