NOV 23 1938

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

Do not use this space.

36337

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1. PLACE OF DEATH

County Montgomery — Registration District No. 594 — File No.

Township Loutre — Primary Registration District No. 43-5-2 — Registered No. 11

City Bluffton, Mo. RFD (No. 236, 57888 St. Ward)

2. FULL NAME Robert Albert Foster,

(a) Residence, No. Bluffton, Mo. Rfd St., Ward. (If nonresident, give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M
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: Eliza Jane Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug 14-1862

7. AGE: 76 YEARS, MONTHS: 1, DAYS: 19 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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.: Farmer

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): Hartford, Boone Co. Mo. 0

FATHER

13. NAME: Albert Foster, 0

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hartford, Boone Co, Mo. 0

MOTHER

15. MAIDEN NAME: Mary Boise,

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Near Hartford, Boone Co, Mo.

17. INFORMANT (ADDRESS): Robert Foster, Jr Bluffton, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Bethany Cemty DATE: Oct 4th, 1938

19. UNDERTAKER (ADDRESS): Barton Baker, Americus, Mo.

20. FILED: Oct. 4, 1938 Nana Lee Thompson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Oct 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from Apr 2, 1938, to Oct 3, 1938

I last saw him alive on July 29, 1938. Death is said to have occurred on the date stated above, at 10 30 a.m.

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

Interstitial nephritis — Date of onset: Dont know years ago

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Other contributory causes of importance: Cardiac Hypertrophy

Name of operation ..... Date of .....

What test confirmed diagnosis? Clinical 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) O. R. Rauschelbach, M. D.

524 (Address) Rhineland 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.