

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

10463
Do not use this space.

REC'D APR 18 1939

1. PLACE OF DEATH

(a) County Chariton Registration District No. 176
 (b) Township Cunningham Primary Registration District No. 4105 Registered No. 2
 (c) City Sumner (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Delphus S. Foster

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF Elizabeth Foster (OR) WIFE OF XXXXXX
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb 14 1864
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 75 1 16
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired 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) Mt. Auburn Ill
 FATHER 13. NAME James R Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macoupin Co Ill
 MOTHER 15. MAIDEN NAME Casander Wright
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Green Co Ill
 17. INFORMANT Mrs John Beemer (ADDRESS) Sumner Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Sumner Mo. DATE Apr. 2 1939
 19. FUNERAL DIRECTOR (NAME) S.L. Leopard (ADDRESS) Mendon Mo.
 20. FILED April 2 1939 Reed Stevens Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 30 1939
 22. I HEREBY CERTIFY that I attended deceased from Feb 2 1939 to March 30 1939
 last saw him alive on March 30 1939 Death is said to have occurred on the date stated above, at 6.40 P M
 The principal cause of death and related causes of importance were as follows:
Cerebral hemorrhage
 Date of onset _____
 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) Reed Stevens, M. D.
 (Address) Sumner 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.

RECEIVED
District Health Officer No. 8,
District File Number
4/5/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed..... *S. L. Leopard*

Licensed Embalmer No. *3970*

P. O. Address..... *Mendon Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.