

REC'D MAY 10 1939

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

14382

Do not use this space.

1. PLACE OF DEATH

(a) County Butler Registration District No. 89-5135
 (b) Township Black River Primary Registration District No. 5-2-1 Registered No. 79
 (c) City Hendrickson, Mo. (d) Street No. _____ St.
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 236 William C. Foster

(a) Residence, No. Hendrickson, Mo. 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 M	4. COLOR OR RACE W.	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widower		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Della Foster				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 23, 1865				
7. AGE	YEARS 74	MONTHS 1	DAYS 28	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter			
	9. Industry or business in which work was done, as 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) Missouri				
FATHER	13. NAME Mansfield Foster			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana			
MOTHER	15. MAIDEN NAME Lavina Hurst			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tennessee			
17. INFORMANT Mrs. Alice Raymond (ADDRESS) Poplar Bluff, Mo.				
18. BURIAL, CREMATION, OR REMOVAL X PLACE Military Crossing DATE April 23, 1939				
19. FUNERAL DIRECTOR (NAME) Greer-Crov Service (ADDRESS) Poplar Bluff, Mo.				
20. FILED 4/30 19 39 Obituary Local Registrar				

MEDICAL CERTIFICATE OF DEATH21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 21, 1939** 1922. I HEREBY CERTIFY, That I attended deceased from **April 16**, 19**39**, to **April 21, 1939**, 19....

I last saw him alive on **April 16**, 19**39**. Death is said to have occurred on the date stated above, at **12:50 am**
 The principal cause of death and related causes of importance were as follows:

Smallpox

Date of onset

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? **NO**
 If so, specify.....

(Signed) **W. M. D.**, M. D.
 (Address) **Poplar Bluff, Missouri**

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.....

George W. Green

Licensee No. *2964*

P. O. Address.....

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.

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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CERTIFICATE OF DEATH

14382
Do not use this space.

1. PLACE OF DEATH
 (a) County Butler Registration District No. 91
 (b) Township Black River Primary Registration District No. 213J
 (c) City..... (d) Street No.....
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William C. Foster
 (a) Residence, No. Hendrickson 770 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 m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-23-1865

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>74</u>	<u>1</u>	<u>28</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Carpenter

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-21, 1939

22. I HEREBY CERTIFY, That I attended deceased from 4-16, 1939, to 4-21, 1939.

I last saw h. alive on 4-16, 1939. Death is said to have occurred on the date stated above, at 12-30 A m.

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

Small Pox

Date of onset

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER

13. NAME Mansfield Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Indiana

MOTHER

15. MAIDEN NAME Lavina Perret

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Massachusetts

17. INFORMANT (ADDRESS) Mrs. Alice Raymond Paplar Bluff mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Military Crossing DATE 4-23, 1939

19. FUNERAL DIRECTOR (ADDRESS) Green-Cross Service Paplar Bluff mo

20. FILE June 1 1939 Bluff Local Registrar.

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 Small Pox, M. D.
 (Signed) J. H. McPeters
 (Address) Paplar Bluff mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
 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.

TEMPORARILY
 REGISTERED

