

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

County Harrison
Township Leeville
or
Village _____
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 357 File No. 29397
Primary Registration District No. 550A Registered No. 6

(If death occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME William Foster

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

SEX M COLOR OR RACE W. SINGLE unmarried
MARRIED
WIDOWED
OR DIVORCED
(If write the word)

DATE OF DEATH Sept 16, 1912
(Month) (Day) (Year)

DATE OF BIRTH Jan 10, 1857
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept 10, 1912, to Sept 15, 1912, that I last saw him alive on Sept 15, 1912, and that death occurred, on the date stated above, at 6 P m.

AGE 61 yrs. 8 mos. 6 ds. IF LESS than 1 day, ___ hrs. or ___ min.?

The CAUSE OF DEATH* was as follows:

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) Farming

Internal injuries received in explosion 1875
(Duration) 10 yrs. 2 mos. ds.

BIRTHPLACE (City or town, State or foreign country) Missouri

Contributory (SECONDARY) _____ (Duration) _____ yrs. _____ mos. _____ ds.

NAME OF FATHER Wm Foster

(Signed) R. J. Jennings M. D. 9/17 1912 (Address) Leeville

BIRTHPLACE OF FATHER (City or town, State or foreign country) Tenn.

MAIDEN NAME OF MOTHER Susan Brown

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Tenn.

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

(Informant) W. F. Foster

At place of death ___ yrs. ___ mos. ___ ds. In the State ___ yrs. ___ mos. ___ ds.

(ADDRESS) Lowland No 140

Where was disease contracted If not at place of death?

Filed 9/17 1912 R. J. Jennings REGISTRAR

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Par's Cemetery DATE OF BURIAL 9/17 1912

UNDERTAKER Clinton FuCo ADDRESS Clinton Mo.

