

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

1048

1. PLACE OF DEATH

County Henry
Township Deer Creek
City _____ (No. _____) _____ St. _____ Ward _____

Registration District No. 349
Primary Registration District No. 3499

File No. _____
Registered No. 5

2. FULL NAME

Elizabeth R. Foster

(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 F 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 C J Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 14 1872

7. AGE YEARS MONTHS DAYS LESS than 1 day, hrs. or min. 58 7 22

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House work
(b) General nature of industry, business, or establishment in which employed (or employer) 795
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Benton Co Mo
(STATE OR COUNTRY)

10. NAME OF FATHER John Sampson

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Callaway Co Mo
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Margaret Boyd

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Callaway Co Mo
(STATE OR COUNTRY)

14. INFORMANT C J Foster
(Address) Clanton Mo

15. FILED 1/8 1931 RR 8 Mrs. A. L. Tracy
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 6 1931

17. HEREBY CERTIFY, That I attended deceased from Jan 6 1931
May 3 1930 to Jan 6 1931
that I last saw her alive on Dec 30 1930, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

We thought some returned cancer
Dr. Walker + Dr. Bohan (duration) 5 yr mos. ds.

CONTRIBUTORY (SECONDARY) of K.C. (duration) _____ yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? no DATE OF _____

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) Daniel A. Progan M. D.

1/7 1931 (Address) Clanton Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calhoun Cemetery DATE OF BURIAL 1-8 1931

20. UNDERTAKER Rose + Son ADDRESS Clanton Mo

00996

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.

WRITE PLAINLY; WITH OUPDATING INFORMATION; THIS IS A PERMANENT RECORD

100-510-100

