

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

Do not use this space.

27845

1. PLACE OF DEATH

County Cooper

Registration District No. 218

File No. 88

Township Boonville

Primary Registration District No. 3013

Registered No. 218

City Boonville (No.)

St. Ward)

2. FULL NAME

Mrs Anna M. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 17 - 1931

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

22. I HEREBY CERTIFY, That I deceased from March, 1920, to Aug 17, 1931. I last saw h. or alive on Aug 17, 1931. Death is said to have occurred on the date stated above, at 9 A. m. The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5 - 1871

Coronary Thrombosis

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 60 2 12

Other contributory causes of importance:

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

Chronic Myocarditis

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

Hypertensive heart disease

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

430
428
930

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pa.

Date of onset 4 1/2 yrs.
4 1/2 yrs.

13. NAME Isaac Tough

Name of operation Date of
What test confirmed diagnosis Chm. & X-ray Was there an autopsy? no

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

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.

15. MAIDEN NAME Unknown

24. Was disease or injury in any way related to occupation of deceased? no

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Harrisburg Pa

If so, specify (Signed) Walter M. Whitman, M. D. (Address) Boonville, Mo

17. INFORMANT (ADDRESS) Geo Foster Boonville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE W Washington DATE Aug 19 1931

19. UNDERTAKER (ADDRESS) Goodman & Hallett Boonville Mo

20. FILED Aug 17 1931 JW Russell Registrar.

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SEP 22 1931

CAUSE OF DEATH IN PLAIN TERMS

