

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

Do not use this space.

SEP 12 1934

29057

1. PLACE OF DEATH

County Henry
Township Leopold
City (No.)

Registration District No. 35-2
Primary Registration District No. 2-473

File No.
Registered No. 10
St. Ward)

2. FULL NAME

(a) Residence, No. St. Ward.
(Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>white</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Levin Foster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 22-1866</u>		
7. AGE	YEARS <u>68</u>	MONTHS
	DAYS <u>22</u>	IF LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.	
	10. Date deceased last worked at this occupation (month and year).....	11. Total time (years) spent in this occupation.....
MOTHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	13. NAME <u>J. Spicer</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Virginia</u>	
	15. MAIDEN NAME <u>Leont Unknown</u>	
FATHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)	
	17. INFORMANT <u>Levin Foster</u> (ADDRESS) <u>Montrose Mo</u>	
18. BURIAL, CREMATION OR REMOVAL PLACE <u>Montrose Mo</u> DATE <u>8-10</u> 19 <u>34</u>		
19. UNDERTAKER <u>J. M. Miller</u> (ADDRESS) <u>Montrose Mo</u>		
20. FILED <u>8-9-</u> 19 <u>34</u> <u>J. M. Miller</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 8 1934

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to Aug 8 1934
I last saw her alive on Aug 8 1934. Death is said to have occurred on the date stated above, at 12 A. m.
The principal cause of death and related causes of importance were as follows:
Cancer of Stomach Date of onset
4/6

Other contributory causes of importance:
4/6

Name of operation Date of
What test confirmed diagnosis? Chem. and. 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 J. M. Miller M. D.
(Signed) J. M. Miller (Address) Montrose Mo

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.

40

235

9

2

31

8-9-1934
1934

