

MAR 19 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry
Township Osage
City Deswater, Mo. R.R.

Registration District No. 348
Primary Registration District No. 5486

File No. 6028
Registered No. 272
St. _____ Ward _____

2. FULL NAME

(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 25 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>male</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 <u>Alice Foster</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>9-30-1874</u>		
7. AGE	YEARS <u>62</u>	MONTHS <u>4</u>
	DAYS <u>23</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>Farmer</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) <u>1936</u>	
	11. Total time (years) spent in this occupation <u>life</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Deer Co., Ind.</u>		
MOTHER	13. NAME <u>J. M. Foster</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
	15. MAIDEN NAME <u>Margaret Wilson</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ind.</u>	
17. INFORMANT <u>Alice Foster</u> (ADDRESS) <u>Deswater, Mo. R.R.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brownington</u> , DATE <u>2-25</u> , 19 <u>37</u>		
19. UNDERTAKER <u>F. J. Wilkinson</u> (ADDRESS) <u>Clinton, Mo.</u>		
20. FILED <u>2-24-37</u> <u>C. D. Taylor, M.D.</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-23, 193722. I HEREBY CERTIFY, That I attended deceased from Dec 15, 1936, to Feb 23, 1937I last saw him alive on 2-23, 1937 Death is saidto have occurred on the date stated above, at 10 A.M.

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

Pneumonia Exteri

Date of onset

Other contributory causes of importance:

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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 _____, 1937

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 _____

(Signed) J. J. Russell, M. D.(Address) Deswater, Mo.

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 UNFADING INK—THIS IS A PERMANENT RECORD

