

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

Do not use this space.

**1. PLACE OF DEATH**

County Jackson  
Township Independence  
City Independence (No. 934 S. Main)

Registration District No. 398 11  
Primary Registration District No. 3019

File No. 2974  
Registered No. 2  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(a) Residence, No. Windsor, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred yrs. 2 mos. \_\_\_\_\_ ds. \_\_\_\_\_

(If nonresident, give city or town and State)  
How long in U. S., if of foreign birth? yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. \_\_\_\_\_

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Betty Withen</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 9, 1849</u>		
7. AGE	YEARS <u>88</u>	MONTHS _____
	DAYS _____	if LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION

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

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 \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Windsor, Mo.

MOTHER

13. NAME Louise D. Foster

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

15. MAIDEN NAME Pinkston

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Union

17. INFORMANT (ADDRESS)  
Walter E. Chubb, Smith, Independence, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE 1-2-38

19. UNDERTAKER (ADDRESS)  
Sutton - Turner, Windsor, Missouri

20. FILED 1-8-1938 J. L. Cook Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 30, 1938

22. I HEREBY CERTIFY That I attended deceased from Dec 30, 1938 to Jan 1, 1939  
I last saw him alive on Dec 31, 1938. Death is said to have occurred on the date stated above, at 12:05 pm.

The principal cause of death and related causes of importance were as follows:  
Uremia secondary from the bladder

Date of onset Dec 7, 1937

Other contributory causes of importance:  
asciditis

Name of operation no Date of \_\_\_\_\_  
What test confirmed diagnosis no Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:  
Accident, suicide, or homicide? no 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 no  
Nature of injury \_\_\_\_\_

24. Was disease or injury in any way related to occupation of deceased?  
If so, specify no  
(Signed) John P. Hyer M. D.  
(Address) Independence, Mo.

135

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FEB 25 1938

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MO. STATE BOARD OF HEALTH



1938

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