

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.

REC'D JUL 20 1938

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

Do not use this space.

21951

1. PLACE OF DEATH
 County Henry Registration District No. 347
 Township _____ Primary Registration District No. 3018
 City Clinton (No. _____) St. _____ Ward _____

2. FULL NAME Edwin F. Foster 236
 (a) Residence, No. 235 N. Washington 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) wid

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 20 1854

7. AGE YEARS 83 MONTHS 9 DAYS 26 If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION
 8. Trade, profession, or particular kind of work done, as planner, sawyer, bookkeeper, etc. Retired Farmer
 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 1

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Jersey

MOTHER
 13. NAME Joseph A. Foster
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
 15. MAIDEN NAME Mary E. Galler
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

FATHER
 17. INFORMANT Mrs. Maggie Williams
 (ADDRESS) Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Englewood DATE 6/17 38

19. UNDERTAKER Conradus & Peck
 (ADDRESS) Clinton Mo

20. FILED 6-20 1938 Dr. J. R. Hamilton
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-16, 1938

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1938, to 6-16, 1938
 I last saw him alive on 6-16, 1938 Death is said to have occurred on the date stated above, at 10 A. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Endocarditis
Atherosclerosis
Mitral Insufficiency
Cerebral Hemorrhage 6-12/38
 Date of onset _____

Other contributory causes of importance: 92W

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? No

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? No
 If so, specify _____
 (Signed) E. O. Peeler, M. D.
 (Address) Clinton Mo

Peeler

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