

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

Do not use this space.

1845

**1. PLACE OF DEATH**

68 County Meritay Registration District No. 577  
Township Pilot Grove Primary Registration District No. 577.5  
City \_\_\_\_\_ No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 3

**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 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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 13, 1849</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>0</u>
	DAYS <u>18</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) _____	11. Total time (years) spent in this occupation _____
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> 1		
FATHER	13. NAME <u>Louis Foster</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Texas</u> 2	
MOTHER	15. MAIDEN NAME <u>Mittie Hill</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Missouri</u> 1	
17. INFORMANT <u>Ed Foster</u> (ADDRESS) <u>California Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Flag Spring</u> DATE <u>Feb 1</u> 19 <u>32</u>		
19. UNDERTAKER <u>Wm. Kidwell</u> (ADDRESS) <u>Wrensaukas</u>		
20. FILED <u>3-10</u> 19 <u>32</u> <u>J. W. Robertson</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

1

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 31, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 9, 1932, to Jan 31, 1932  
last saw him alive on Jan 29, 1932 Death is said to have occurred on the date stated above, at 8 1/2 a.m.  
The principal cause of death and related causes of importance were as follows:  
Cardio-vascular disease.

Date of onset	<u>10</u>
years	<u>ago</u>

Other contributory causes of importance: 95B 95B

Name of operation none Date of \_\_\_\_\_  
What test confirmed diagnosis? Clinical 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) Edgar A. Tibbe, M. D.  
(Address) California

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.

MAR 24 1932

