APR 27 1927

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

Do not use this space.

9131

1. PLACE OF DEATH
County Pemiscot — Registration District No. 661 — File No.
Township Little Prairie — Primary Registration District No. 5862 — Registered No. 31
City (No. St. Ward)

2. FULL NAME A. J. Foster
(a) Residence. No. St., Ward. (If nonresident give city or town and State)
(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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Dont Know

6. DATE OF BIRTH (MONTH, DAY AND YEAR): 3-8-1855

7. AGE: Years 72 — Months 0 — Days 9 — If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Black Smith
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Dont Know
(STATE OR COUNTRY): " "

PARENTS
10. NAME OF FATHER: " "
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY): " "
12. MAIDEN NAME OF MOTHER: " "
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY): " "

14. INFORMANT: W. E. Wright
(Address): Steele Mo.

15. FILED Apr. 1 1927 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR): 3-17 1927

17. I HEREBY CERTIFY, That I attended deceased from ——, 1927, to ——, 1927 that I last saw h alive on ——, 19 , and that death occurred, on the date stated above, at 2-30 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Undertaken
205 B
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH?
8 DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS? 5
(Signed) J. F. Shaffer J. P. Art Co. M.D.
Mch. 17 1927 (Address) Caruthersville, Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Cooter Cemetery — DATE OF BURIAL: 3-18 1927

20. UNDERTAKER: H. R. Smith — ADDRESS: Cuville 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.