

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

Do not use this space.

1. PLACE OF DEATH

County Gasper
Township Gasper
City Joplin (No. 428)

Registration District No. 411
Primary Registration District No. 2002

File No. 5374
Registered No. 94
St. Joplin Ward

2. FULL NAME

(a) Residence No. Francis M. Foster St. 428 Ward 2

(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 Male 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 9 1876

7. AGE YEARS 82 MONTHS 1 DAYS 27 IF LESS than 1 day, hrs. — min. —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Printer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Ark
(STATE OR COUNTRY)

10. NAME OF FATHER John Foster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) S. C.
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Dora Poseley

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) S. C.
(STATE OR COUNTRY)

14. INFORMANT Mary Foster
(Address) Joplin Mo

15. FILED 3/13 1928 Dr. Benson Clark REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-7-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1927, to Feb 7, 1928, that I last saw him alive on Feb 6, 1928, and that death occurred, on the date stated above, at Joplin Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
General arteriosclerosis

CONTRIBUTORY (SECONDARY) 1991B (duration) 1 yrs. — mos. — ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH, DATE OF —
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) Kath. K. Neff, M. D.
2, 1928 (Address) Joplin Mo

*State the DISEASE CAUSING DEATH, if 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 Forest Park DATE OF BURIAL 2-9-1928

20. UNDERTAKER Hubert L. Co ADDRESS Joplin 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.

MAR 19 1928

DEPARTMENT RECORD

