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

Do not use this space.

39634

1. PLACE OF DEATH
County: Bates
Township:
City: Butler (No. ..... St. ..... Ward)

Registration District No. 50
Primary Registration District No. 3004

File No.
Registered No. 74

2. FULL NAME: Thomas N. Foster

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write the word*)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 5 1867

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
62	6	4	

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

9. BIRTHPLACE (CITY OR TOWN) Henry Co.
(STATE OR COUNTRY) Missouri

PARENTS
10. NAME OF FATHER N. E. Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Virginia
12. MAIDEN NAME OF MOTHER Nancy Venable
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Missouri

14. INFORMANT Mrs Sallie Foster
(Address) Butler Mo.

15. FILED 12/1/ 1929 Nina L Culver.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 9 1929

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1929, to Dec 9, 1929, that I last saw him alive on Dec 9, 1929, and that death occurred, on the date stated above, at 12 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Endocarditis and Myocarditis
(duration) 5 yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Nephritis - chronic -
(duration) 5 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) J S Newlon, M. D.
Dec 11, 1929. (Address) Butler 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: Oak Hill — DATE OF BURIAL: Dec 11. 1929.

20. UNDERTAKER: Culver — ADDRESS: Butler Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated ... CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

JAN 20