DEC 20 1930

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

Do not use this space.

35441

File No. 1265
Registered No.

85

Registration District No. 1001
Primary Registration District No.

1. PLACE OF DEATH
County: Buchanan
Township:
City: St. Joseph (No. Noyes-Baptist Hospital St. Ward)

2. FULL NAME: Stacy Lee 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.

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.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Nov. 3, 1930

7. AGE

Years	Months	Days	If LESS than 1 day, hrs. or min.
0	0	22	

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

9. BIRTHPLACE (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charles W. Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Howe
(STATE OR COUNTRY): Nebraska
12. MAIDEN NAME OF MOTHER: Agnes Fasching
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): St. Joseph
(STATE OR COUNTRY): Missouri

14. INFORMANT: Mrs. Charles W. Foster
(Address): 233 E. Nebraska Ave.

15. FILED: NOV 25 1930 John G. Ott REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov. 25, 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 10, 1930, to Nov 25, 1930 that I last saw h. alive on Nov 24, 1930, and that death occurred, on the date stated above, at 7:30 a. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

(a) Prematurity
(b)
(c)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Acute Intestinal Indigestion
(duration) yrs. mos. 3 ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? None

(Signed) W. Roger Moore, M. D.
11/25, 1930 (Address) St Joseph 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: Odd Fellows Cem.
DATE OF BURIAL: Nov. 26 1930

20. UNDERTAKER: Fred D. Clark
ADDRESS: 5025 Kansas City