

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.

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

Do not use this space.

40533

1. PLACE OF DEATH

County DeKalb
Township Folk
City Spring city (No.)

Registration District No. 5364
Primary Registration District No. 262

File No.
Registered No.
St. Ward)

2. FULL NAME

Amos T. Foster
(a) Residence, No. Spring city mo 5364 2 Ward.

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 30 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 11 - 1841

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
90 10 20

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Warrminger

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) Oct 1 1931 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

13. NAME Thomas Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

15. MAIDEN NAME Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Ernie Foster Spring city mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Spring city mo DATE Dec 9 1931

19. UNDERTAKER (ADDRESS) W. H. Jaggart Spring city mo

20. FILED 172 W. E. McReynolds Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-1 1931

22. I HEREBY CERTIFY, That I attended deceased from Nov 2, 1931, to Dec 1, 1931

I last saw him alive on Nov 25, 1931. Death is said to have occurred on the date stated above, at 530 a.m.

The principal cause of death and related causes of importance were as follows:

278 Acute Abscess of Hip about Oct 1, 1931
unknown cause

Other contributory causes of importance:
Age & General Septic condition

Name of operation Amputation Date of Nov 2 1931
What test confirmed diagnosis? History 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) W. E. McReynolds M. D.
(Address) Spring city, Mo.

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