

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

Do not use this space.

4645

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Townshp Kaw Primary Registration District No. 1002
 City Kansas City (No. St. Marys Hospital St. 500 Ward)

2. FULL NAME

Mrs. Mary Foster
 (a) Residence, No. 1225 W. 61st Terrace St. 15 Ward.
 (Usual place of abode) (If nonresident, give city or town and State)
 Length of residence in city or town where death occurred 9 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 15, 1860

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 5 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At Home
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

MOTHER 13. NAME Joseph Jordan

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ireland 15

15. MAIDEN NAME Ellen Cusack

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 2

17. INFORMANT Mrs. Henry W. Meyerhoff
 (ADDRESS) 1225 W. 61st Terr. K. C. Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary DATE Feb. 9, 1932

19. UNDERTAKER Freeman Mortuary and Chapel
 (ADDRESS) 104 W. 42nd St. K. C. Mo

20. FILED 2/8 32 M. M. Gonne
Regist.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 7, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1930 to Feb 7, 1932
 I last saw her alive on Feb 6, 1932 Death is said

to have occurred on the date stated above, at 3 A. m.
 The principal cause of death and related causes of importance were as follows:

Wremia & Left Lung, 108
Lobar Pneumonia
108 1322
 Date of onset 2-4-32

Other contributory causes of importance:
Hemiplegia Left Unilateral
Fibrillation

Name of operation None Date of 108 1322
 What test confirmed diagnosis? Willed Frudings as there an autopsy Mo

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) P. H. Decker, M. D.
 (Address) 1039 Resalta Kansas City, 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.

RECORD

Dr. P. W. Brown,
New York.

Green City,

1036