

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

Do not use this space.

14280

WRITE PLAINLY, WITH UNFADING INK--THIS IS A PERMANENT RECORD

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.

PLACE OF DEATH
 County..... Registration District No.....
 Township..... Primary Registration District No.....
 City..... (No.....)..... St..... Ward.....
 File No.....
 Registered No. **3616**
 St..... Ward.....

2. FULL NAME **Rev. Carnest Foster**
 (a) Residence, No. **2914 Laclede** St., **18** Ward.
 (Usual place of abode)
 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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX **male** 4. COLOR OR RACE **col** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **married**
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR WIFE OF) **Annemage Foster**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **July 27-1880**
 7. AGE YEARS **51-** MONTHS **8** DAYS **14** If LESS than 1 day, hrs. or min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **Pastor 199**
 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. **St. Douglas Church**
 10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **April 11, 1932**
 22. I HEREBY CERTIFY, That I attended deceased from **Feb. 16, 1932** to **April 11, 1932**
 I last saw ~~him~~ alive on **April 11, 1932** Death is said to have occurred on the date stated above, at **9 A. M.**
 The principal cause of death and related causes of importance were as follows:

Chronic myocarditis Date of onset **Sept 1900**
and Endocarditis **1911**
1911 **92A**
1932
 Other contributory causes of importance:
Chronic intestinal neoplasm
Arteriosclerosis

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Spring Hill, Tenn.**

FATHER 13. NAME **Don Foster**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Don't know**

MOTHER 15. MAIDEN NAME **Jessie Odum**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Tenn.**

17. INFORMANT (ADDRESS) **Jessie Mae Foster**
2914 Laclede

18. BURIAL, CREMATION, OR REMOVAL PLACE **Greenwood** DATE **4/15** 1932

19. UNDERTAKER (ADDRESS) **Elmer E. Pettis**
3030 Bell Ave.

20. FILED **FR 11 1932** **Ray E. Parker** Registrar

Name of operation **1** Date of.....
 What test confirmed diagnosis? **none** Was there an autopsy?.....

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?.....
 If so, specify.....
 (Signed) **Franklin C. Lewis**, M. D.
 (Address) **950-4-aring**

