

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

Do not use this space.

1. PLACE OF DEATH

County Miller Registration District No. 561
 Township Dalton Primary Registration District No. 4330
 City Eldon (No. _____) St. _____ Ward _____

File No. 25536
 Registered No. 51

2. FULL NAME

Margaret Rose 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Apr 19, 1933</u>				
7. AGE	YEARS <u>1</u>	MONTHS <u>2</u>	DAYS <u>15</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Infant</u>			
	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) <u>Eldon, mo</u>				
FATHER	13. NAME <u>Omar E. Foster</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Eldon, mo</u>			
MOTHER	15. MAIDEN NAME <u>Ruby Lewis</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>mo</u>			
17. INFORMANT <u>O. E. Foster</u> (ADDRESS) <u>Eldon, mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Eldon, mo</u> DATE <u>7-5</u> 19 <u>34</u>				
19. UNDERTAKER <u>Phillips Funeral Home</u> (ADDRESS) <u>Eldon, mo</u>				
20. FILED <u>7-5</u> 19 <u>34</u> <u>Belle Haynes</u> Registrar.				

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 4, 1934

22. I HEREBY CERTIFY That I attended deceased from 7/1 1934 to 7/4 1934
 I last saw him alive on 7/4 1934 Death is said to have occurred on the date stated above, at 5:25 P.M.
 The principal cause of death and related causes of importance were as follows:
acute Enteric Colitis Date of onset 7/1/34
1192
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? Obes 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) G. D. Waller, M. D.
 (Address) Eldon, 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.

AUG 20 1934

WRITE PLAINLY, WITH OUTLINE

