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.

SEP 24 1937

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

Do not use this space.

31541

1. PLACE OF DEATH
County: Ralls
Township: [illegible]
City: (No. ... St. ... Ward)
Registration District No. 930
Primary Registration District No. 5962
File No.
Registered No.

2. FULL NAME: Janettie Ann Foust.
(a) Residence, No. ... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 11 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): Widow
5A. IF MARRIED, WIDOWED, OR DIVORCED, HUSBAND OF (OR) WIFE OF: Herman Foust.
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 17-1863
7. AGE: YEARS 24 MONTHS 9 DAYS 6 If LESS than 1 day, ... hrs. or ... min.

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): Illinois

FATHER
13. NAME: Hesika Light
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Dont Know.

MOTHER
15. MAIDEN NAME: Martha Stickley
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Illinois

17. INFORMANT (ADDRESS): Jess Foust [illegible] city mo R F D.
18. BURIAL, CREMATION, OR REMOVAL: [illegible] Cemetery DATE Aug 24 1937
19. UNDERTAKER (ADDRESS): Wilson & Son - Monroe City mo.
20. FILED 8/24 1937 J. E. Floyd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug 24 1937
22. I HEREBY CERTIFY, That I attended deceased from August 15, 1937, to August 24, 1937
I last saw her alive on August 15, 1937. Death is said to have occurred on the date stated above, at 2¼ m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cerebral Hemorrhage	8/15 1937

Other contributory causes of importance: 8201

Name of operation: None Date of
What test confirmed diagnosis? Physical Findings 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) John H Gibbs M. D.
(Address) Monroe City Mo