

NOV 17 1937

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

Do not use this space.

1. PLACE OF DEATH

County Henry  
Township Leesville  
City Leesville (No.       )

Registration District No. 347  
Primary Registration District No. 5501A

File No. 37771  
Registered No.       

2. FULL NAME Margaret Francis Foster

(a) Residence, No.        St.        Ward.         
(Usual place of abode)

Length of residence in city or town where death occurred 27 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 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 John Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Apr 2 1847

7. AGE YEARS 90 MONTHS 7 DAYS        IF LESS than 1 day,        hrs. or        min.

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

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) Cooper Mo

13. NAME Wm. Barrus

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

15. MAIDEN NAME Jeston Davis

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

17. INFORMANT (ADDRESS) Mat Foster Clinton R. 2.

18. BURIAL, CREMATION, OR REMOVAL PLACE Parson Chapel DATE 11-17-37

19. UNDERTAKER (ADDRESS) Wick Jason Ferguson

20. FILED Nov 6, 1937 J. H. Hampton Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 2 1937

22. I HEREBY CERTIFY, That I attended deceased from about 18 years 19       death is said to have occurred on the date stated above, at 8:30 a.m.

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

Radio-Vascular-renal Date of onset       

Other contributory causes of importance:       

Name of operation        Date of       

What test confirmed diagnosis?        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? No

If so, specify       

(Signed) Ed. C. Peeler, M. D.  
(Address) Clinton 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.

