

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

Do not use this space!

Minor
File No. **3919**

Registered No. _____
St. _____ Ward _____

1. PLACE OF DEATH
County *St. Charles*
Township *Greene*
City *Westville* (No. _____)

Registration District No. *760 A*
Primary Registration District No. *4455*

2. FULL NAME *James G. Foster 336*
(a) Residence, No. _____ St. _____ 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 *White* 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED *Widowed*

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *April 20, 1846*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
91 9 6

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

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) *Chillicothe Ohio*

13. NAME *James Foster*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Chillicothe Ohio*

15. MAIDEN NAME *Catherine Bothwell*

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Marion Ohio*

17. INFORMANT *R. P. Foster* (ADDRESS) *Westville Mo.*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Mount Hope* DATE *Jan. 28, 1938*

19. UNDERTAKER *W. P. Stewart* (ADDRESS) *Westville, Mo.*

20. FILED *1/26* 19 *38* *Gertrude S. Fossell* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *Jan 26, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *Nov. 23rd*, 1937, to *Jan 23rd*, 1938

I last saw him alive on *Jan 23*, 1938. Death is said to have occurred on the date stated above, at *7:50 P.m.*

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

Senility Date of onset _____

Other contributory causes of importance: *None*

Name of operation *no* Date of _____
What test confirmed diagnosis? *Physic* (Was there an autopsy?) *no*

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? *no* Date of injury _____, 19____

Where did injury occur? *no*
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *no*
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? *no*
If so, specify _____

(Signed) *E. B. Keenan* M. D.
(Address) *Westville, Mo.*

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

RECEIVED

FEB 28 1938

BUREAU OF VITAL STATISTICS
MO. STATE BOARD OF HEALTH