

REC'D FEB 21 1939

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

Do not use this space.

1. PLACE OF DEATH

County *Butler*Township *Neely*City *336 Laura Foster*(No. *1*)Registration District No. *88*Primary Registration District No. *5130*File No. *1759*Registered No. *7*

St. _____

Ward _____

2. FULL NAME *Laura Foster*

(a) Residence, No. _____

(Usual place of abode)

St. _____

Ward _____

(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

3. SEX *Female*4. COLOR OR RACE *White*5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word) *Married*5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF *C. W. Foster*6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *3-12-1863*

7. AGE

YEARS *66*MONTHS *9*DAYS *11*If LESS than 1
day, _____ hrs.
or _____ min.

OCCUPATION

8. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.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) *1938*11. Total time (years)
spent in this
occupation. *life*12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) *UNK Mo.*

FATHER

13. NAME *David Kelphey*14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) *Iowa*

MOTHER

15. MAIDEN NAME *Unknown*16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY) *UNK*17. INFORMANT *J. C. Foster*(ADDRESS) *Neelyville Mo.*

18. BURIAL, CREMATION, OR REMOVAL

PLACE *Williams*DATE *1-11*19. *39*19. UNDERTAKER *J. C. Fox*(ADDRESS) *Hobcomb Mo.*20. FILED *1-10*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*19. *39*

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *1-9*19 *39*

22. I HEREBY CERTIFY, That I attended deceased from

_____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said

to have occurred on the date stated above, at _____ m.

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

*She had no Dr. for more than a year.**Cancer on the left side of her face**Other contributory causes of importance: destroying the eye. 50*Name of operation *none* Date of _____What test confirmed diagnosis? *History* Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? *C* Date of injury _____, 19____Where did injury occur? *C* (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury *C*Nature of injury *C*

24. Was disease or injury in any way related to occupation of deceased?

If so, specify _____

(Signed) *Offie Lauterfelt* L. R. M. D.(Address) *Neelyville 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.

1-35918

