REC'D MAR 16 1939

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

7463
Do not use this space.

1. PLACE OF DEATH
(a) County Pettis — Registration District No. 664
(b) Township or (c) City Green Ridge — Primary Registration District No. 5882 — Registered No. 4
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Alonzo Foster
(a) Residence, No. ..... St.
(Usual place of abode, if no street address, write county or city) (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 (*write* the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs. Ida Jennings Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 13, 1852

7. AGE: Years 86 — Months 6 — Days 13 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as 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) Henry County (STATE OR COUNTRY) Missouri

FATHER
13. NAME Norborn Foster
14. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Virginia

MOTHER
15. MAIDEN NAME Jane Hamler
16. BIRTHPLACE (CITY OR TOWN) unknown (STATE OR COUNTRY) Missouri

17. INFORMANT Mrs. Alonzo Foster (ADDRESS) Windsor

18. BURIAL, CREMATION, OR REMOVAL PLACE Windsor, Mo. DATE Feb. 28, 1939

19. FUNERAL DIRECTOR (NAME) Huston-Turner (ADDRESS) Windsor, Mo.

20. FILED Feby 28, 1939 G. R. Shelby, Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 26, 1939

22. I HEREBY CERTIFY, That I attended deceased from Feby 27, 1939 to Feb 26, 1939
I last saw him alive on Feb 26, 1939. Death is said to have occurred on the date stated above, at 9:45 a m
The principal cause of death and related causes of importance were as follows:

	Date of onset
Pyelonephritis	2-17-39
Left Pneumonia	

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical 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) R. L. Bumgarner M. D.
(Address) Windsor Mo

(Licensed Embalmer's Statement on Reverse Side)

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.

RECEIVED
District Health Officer No. 8,
District File Number 3/2/39
Date Filed

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Licensed Embalmer No. 3371

P. O. Address Windsor, Wa

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to con with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.