

REC'D DEC 13 1939

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

39193
Do not use this space.

1. PLACE OF DEATH

(a) County CALLAWAY Registration District No. 104
 (b) Township Calwood Primary Registration District No. 51572 Registered No. 297
 (c) City _____ (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 236 Wilkies Foster

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

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 Debra (Wilkies) Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 15, 1867

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
72 0 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Filling Station OPERATOR
 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) (STATE OR COUNTRY) CASHINGTON Ohio

FATHER 13. NAME John Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

MOTHER 15. MAIDEN NAME ANNE JONES

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ENGLAND

17. INFORMANT (ADDRESS) MRS. Wilkies Foster

18. BURIAL, CREMATION, OR REMOVAL PLACE W. Crest Fulham DATE Nov. 9, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Glen Y. Maupin 700 Court St. Fulham, Mo.

20. FILED 11/6/39 1939 A. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 5th 1939

22. I HEREBY CERTIFY, That I attended deceased from Oct 20, 1939, to Nov 5, 1939
 I last saw him alive on Oct 20, 1939 Death is said to have occurred on the date stated above, at 1:45 p.m.
 The principal cause of death and related causes of importance were as follows:

Adenoma-Carcinoma of the Left Lymphatic region

Date of onset About 5 mos ago first noticed swelling the lymphatic glands.

Other contributory causes of importance: 578

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) A. N. Crews, M. D.
 (Address) Fulham, 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.

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

John D. Batchelder

, Registered Apprentice No.

192

working under my personal supervision.

Signed

Glen Y. Maupin

Licensed Embalmer No.

2728

P. O. Address

Fulton, Mo.

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

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