

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.

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

Do not use this space.

OCT 21 1936

1. PLACE OF DEATH

County Cole
Township Mountain
City Centertown (No. _____)

Registration District No. 211
Primary Registration District No. 4128

File No. 37135
Registered No. 20
St. _____ Ward _____

2. FULL NAME

Sarah Ann Foster
(a) Residence, No. _____ St., _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred 26 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED married (write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Theodore Foster

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov 13, 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
62 10 19

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
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) Monticau County, Mo. (STATE OR COUNTRY)

FATHER 13. NAME Alex. Anderson

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) U. S. A.

MOTHER 15. MAIDEN NAME Mary Ann Longan

16. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) U. S. A.

17. INFORMANT Mrs. Arzanda Garnett (ADDRESS) Jackson City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE New Hope DATE Oct. 3 1936

19. UNDERTAKER Steffens Undertaking Co. (ADDRESS) Russellville, Mo.

20. FILED 10/3 1936 H. T. Leach, Jr. Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 2, 1936

22. I HEREBY CERTIFY, That I attended deceased from April 1, 1933, to October 2, 1936

I last saw her alive on October 2, 1936. Death is said to have occurred on the date stated above, at 8:40 A.M.

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

Phthisis Pulmonalis

Date of onset do
not
know

Other contributory causes of importance none

Name of operation none Date of _____
What test confirmed diagnosis? none 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) Frank J. Nichols, M. D.
(Address) Centertown, Mo.

0.5

1936-10-2
1675-11-13
62-10-19

11-13
10-2