

MAR 20 1938

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

Do not use this space.

65251

## 1. PLACE OF DEATH

County Jackson  
Township  
City Warrensburg (No. ....)

Registration District No. 431  
Primary Registration District No. 3023

File No. ....  
Registered No. 13  
St. .... Ward)

## 2. FULL NAME

(a) Residence, No. 204 S. Miller St. .... Ward. ....

(Usual place of abode) (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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 8, 1880

7. AGE YEARS MONTHS DAYS If LESS than 1 day, .... hrs. or .... min.  
55 7 1

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

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) Jackson Co. Mo.

13. NAME A. B. Foster

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Logan Co. Ky.

15. MAIDEN NAME Emma Catherine Harkreader

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

17. INFORMANT (ADDRESS) Mrs. Belle Foster  
Warrensburg Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Sunset Hill DATE Feb 11 1936

19. UNDERTAKER (ADDRESS) W. F. Wilcox Funeral Service  
Warrensburg Mo.

20. FILED Feb. 10 1936 Anna G. Gandy  
Registrar

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9 1936

22. I HEREBY CERTIFY, That I attended deceased from Feb. 6 - 1936 to Feb. 9 - 1936

I last saw him alive on Feb. 9, 1936. Death is said to have occurred on the date stated above, at 2:45 P. M.

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

Hemorrhaging into chest & Liver

Date of onset:

Other contributory causes of importance:

Name of operation none Date of .....

What test confirmed diagnosis? Pathology Was there an autopsy? .....

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

Accident, suicide, or homicide? accident Date of injury 2-6-36, 1936

Where did injury occur? Cole Camp Mo.

(Specify city or town, county, and State)

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

Manner of injury Public road

Nature of injury Auto accident - Car skidded

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

If so, specify Traveling Salesman

(Signed) B. F. McKelvey, M. D.

(Address) Warrensburg Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

on icy pavement, overturning at side of highway.

