

REC'D APR 18 1938

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

Do not use this space.

1. PLACE OF DEATH ²
County Cape Girardeau Registration District No. 129
Township Shawnee Primary Registration District No. 5180
City Glouven (No. 231) St. Mo. Ward 6
2. FULL NAME Glouven H. Foster
(a) Residence, No. 231 St. Mo. Ward 6
(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.

File No. 10368
Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED (OR) WIFE OF William Foster
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 14, 1850
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 3 18
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. Home
10. Date deceased last worked at this occupation (month and year) July 19, 1937 11. Total time (years) spent in this occupation 50
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Anna Illinois
13. NAME Mary Brown
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
15. MAIDEN NAME Zan Kessom
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany
17. INFORMANT Pearl M. Cain (ADDRESS) Keelys Hdq. Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Brown's Cem DATE March 5, 1938
19. UNDERTAKER Fred. Kahmert (ADDRESS) New York, Mo.
20. FILED 3-4- 1938 F. J. Schoen Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 4th, 1938
22. I HEREBY CERTIFY, That I attended deceased from December 26, 1937 to March 4th, 1938
I last saw her alive on March 1st, 1938 Death is said to have occurred on the date stated above, at 3:45 P.M.
The principal cause of death and related causes of importance were as follows:
Myocarditis, Chronic Date of onset 7 years
Atherosclerosis, Generalized
Other contributory causes of importance: None
Name of operation None Date of None
What test confirmed diagnosis? P. Ex. Was there an autopsy? No
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? None Date of injury None, 19 None
Where did injury occur? None (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. None
Manner of injury None
Nature of injury None
24. Was disease or injury in any way related to occupation of deceased? No
If so, specify None
(Signed) Theodore Fischer M. D. M. D.
Altensburg, 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.

