

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

Do not use this space.

FEB 25 1935

1. PLACE OF DEATH

County Johnson
Township
City Warrensburg (No. St. Ward)

Registration District No. 431
Primary Registration District No. 3023

File No. 1823
Registered No. 12

2. FULL NAME Kate Elta Foster

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
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 <u>Female</u> | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 25 1859</u> | | |
| 7. AGE | YEARS | MONTHS |
| | <u>75</u> | <u>0</u> |
| | | DAYS |
| | | <u>27</u> |
| 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Nurse</u> | | |
| 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) <u>Johnson Co. Mo</u> | | |
| 13. NAME <u>Wm S. Foster</u> | | |
| 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ky</u> | | |
| 15. MAIDEN NAME <u>Margaret Jones</u> | | |
| 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Calloway Co. Mo</u> | | |
| 17. INFORMANT (ADDRESS) <u>Fred Foster Warrensburg, Mo</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Fair Oak Cem</u> DATE <u>Jan - 27 1935</u> | | |
| 19. UNDERTAKER (ADDRESS) <u>Sweeney - Phillips Warrensburg, Mo</u> | | |
| 20. FILED <u>1-23 1935</u> <u>Etha Kenley</u> Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 22 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 20 1935, to Jan 22 1935. I last saw her alive on Jan 21 1935. Death is said to have occurred on the date stated above, at 4: A m. The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset Jan 21 1935

Other contributory causes of importance: None

Name of operation None Date of

What test confirmed diagnosis?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? W 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 W

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify John T. Anderson, M. D. (Signed) Warrensburg Mo (Address)

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.

