

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

Do not use this space.

27545

1. PLACE OF DEATH

County Henry
Township Clinton
City Clinton

Registration District No. 347
Primary Registration District No. 3018

File No. _____
Registered No. 108
St. _____ Ward _____

2. FULL NAME

George A. Foster

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 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 Mellie Foster

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27 1881

7. AGE YEARS 48 MONTHS 6 DAYS 4 If LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Day Labor
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Coal mo
(STATE OR COUNTRY) Henry Co

10. NAME OF FATHER Wm Foster

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Clinton Co
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Mary Elizabeth Hawk

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry Co
(STATE OR COUNTRY)

14. INFORMANT Wm Foster
(Address) Clinton mo RR 7

15. FILED Sept 3 19 29 Dr. E. C. Peeler
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1929

17. I HEREBY CERTIFY, That I attended deceased from 8/31/29
19. _____ 19. _____
that I last saw him alive on 8/31/29 19. _____ and that death occurred, on the date stated above, at 8:00 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Gas Poisoning, following a blast in a fence. Explosive powder & nitro glycerin fuses.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH. 158

DID AN OPERATION PRECEDE DEATH. No DATE OF _____

WAS THERE AN AUTOPSY? Body examined by coroner

WHAT TEST CONFIRMED DIAGNOSIS. G. S. Walker

(Signed) G. W. Wolpin, M. D.

, 19 (Address) Clinton mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Good Hope Cem DATE OF BURIAL 9-2 1929

20. UNDERTAKER Sproul & Son ADDRESS Clinton

APR 27 1946

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

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1. PLACE OF DEATH

County Henry Registration District No. 347
Township Clinton Primary Registration District No. 3018
City Clinton (No. Mill St)

File No. 89548
Registered No. 108 Ward

2. FULL NAME George A. Foster

(a) Residence. No. _____ 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 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 Nettie Foster
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 27, 1881
7. AGE YEARS MONTHS DAYS If LESS than day, or
48 6 4

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Day Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer Coal, Mo.

9. BIRTHPLACE (CITY OR TOWN) Coal, Mo.
(STATE OR COUNTRY)

10. NAME OF FATHER Wm Foster
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Benton Co
(STATE OR COUNTRY) Missouri
12. MAIDEN NAME OF MOTHER Mary Elizabeth Hunt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Henry Co
(STATE OR COUNTRY) Missouri

14. INFORMANT Wm Foster
(Address) Clinton, Mo. R.R. #7

15. FILE Sept 3, 1929 Dr. E. C. Peelor
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 31 1929

17. I HEREBY CERTIFY, That I attended deceased on 8/31
1929, to _____, 19____, and that
that I last saw him alive on 8/31/29, 19____, and that
death occurred, on the date stated above, at 8:00 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gas poisoning following a blast in a well.
Gun powder + Nitro-glycerin fumes. (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) 181 (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF BIRTH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? Body viewed by coroner
WHAT TEST CONFIRMED DIAGNOSIS G. S. Walker
(Signed) S. W. Wiltgen, M. D.
, 19____ (Address) Clinton, Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Good Hope Cem. DATE OF BURIAL 9/2 1929

20. UNDERTAKER Spore + Son ADDRESS Clinton, Mo

Sept 3, 1929

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