

45309

STATE OF ILLINOIS

ORIGINAL

Department of Public Health—Division of Vital Statistics

STANDARD CERTIFICATE OF DEATH

Registered No. 310 (Consecutive No.)

1. PLACE OF DEATH  
 County of Franklin Registration  
 Dist. No. 468  
State Hospital \*Township  
 \*Road Dist.  
 \*Village  
 \*City Primary  
 Dist. No. 468  
 \*(Cancel the three terms not applicable  
 —Do not enter "R. R.," "R. F. D.," or  
 other P. O. address.)  
 Street and Number, No. Franklin State Hospital St. Franklin Ward, Franklin Hospital.

2. FULL NAME Andrew Foster (If death occurred in hospital or institution, give its name instead of street and number)  
 (a) Residence No. Franklin State Hospital City Franklin (If non-resident give city or town and State)  
 Length of residence in city or town where death occurred 4 yrs. 3 mos. 6 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, or DIVORCED (write the word) married  
 5a. If married, widowed or divorced HUSBAND of (or) WIFE of Sarah Foster  
 6. DATE OF BIRTH Sept 17 1878  
 (Month) (Day) (Year)  
 7. AGE Years 52 Months 2 Days 20 IF LESS than 1 day \_\_\_\_\_ hrs. OR \_\_\_\_\_ min.?  
 8. OCCUPATION OF DECEASED Merchant  
 (a) Trade, profession, or particular kind of work. Baseball player  
 (b) General nature of industry, business, or establishment in which employed (or employer) n  
 (c) Name of employer n

9. BIRTHPLACE (city or town) Calver  
 (State or Country) Texas

10. NAME OF FATHER Andrew Foster

11. BIRTHPLACE OF FATHER Texas  
 (City or Town) Texas  
 (State or Country) Texas

12. MAIDEN NAME OF MOTHER Qualine

13. BIRTHPLACE OF MOTHER Texas  
 (City or Town) Texas  
 (State or Country) Texas

14. INFORMANT Paul Henderson  
 (personal signature with pen and ink)  
 P. O. Address Franklin Ill

15. Filed Dec 9 1930 P. Henderson Registrar.  
 P. O. Address Franklin Ill

CORONER'S CERTIFICATE OF DEATH

16. DATE OF DEATH Dec 9 1930  
 (Month) (Day) (Year)

17. I HEREBY CERTIFY, that I took charge of the remains of the deceased herein described, held an Inquest thereon (Inquest, Autopsy or Inquiry) and from the evidence obtained find that said deceased came to his death on the date stated above and that (His or Her) THE CAUSE OF DEATH\* was as follows:  
General Paralysis of the Insane  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

Contributory (Secondary) \_\_\_\_\_  
 (Duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds.

INJURY rec'd in \_\_\_\_\_  
 \*(Cancel the three terms not applicable.)

(Signed) S. Cantier Coroner  
 By \_\_\_\_\_ Deputy Coroner  
 Address 243 W. Merchant St.  
 Date Dec 10 1930 Telephone 3668

\*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

18. PLACE OF BURIAL, Cremation or Removal Franklin  
 Cemetery Franklin  
 Location Franklin  
 (Township, Road Dist., Village or City)  
 County Franklin State \_\_\_\_\_

20. DATE 12-15-1930

19. UNDERTAKER J. J. Henderson  
 (personal signature with pen and ink)  
 ADDRESS 5586 47th St Chicago Ill  
 (firm name, if any)

Has decedent ever served in military or naval service of U. S.?

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