

STATE OF WISCONSIN
 Department of Health—Bureau of Vital Statistics
 COPY OF DEATH RECORD

Registered No. 206

County Shawano
 Township or Village of Hancock

City Shawano (No. St. Ward)
 death occurred in a hospital or institution give its NAME instead of street and number)

2 FULL NAME Samory Quail Foster
 (a) Residence No. St. Ward
 Length of residence in city or town where death occurred 39 yrs.
 (Usual place of abode)

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 or WIFE of Minnie Elluland

6 DATE OF BIRTH (month, day and year) FEB 19 1872

7 AGE Years 67 Months 3 Days 28
 If LESS than 1 day, hours min.

8 OCCUPATION (a) Trade, profession or particular kind of work Garage & Mch. Shop
 (b) General nature of industry, business, or establishment in which employed (or employer) Owner

9 BIRTHPLACE (city or town) (State or country) Lawson Hancock
Hancock Co. Wis.

10 NAME OF FATHER Fredrick P. Jones

11 BIRTHPLACE OF FATHER (city or town) (State or country)

12 MAIDEN NAME OF MOTHER Sarah E. Dard

13 BIRTHPLACE OF MOTHER (city or town) (State or country) New York

14 Informant (Address) Russell Jones
Hancock Wis.

15 Filed June 19, 1934 Registrar J. C. Barton
 Filed Sub-Registrar

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day and year) June 17 1934

17 I HEREBY CERTIFY, that I attended deceased from June 15, 1934 to June 17, 1934; that I last saw h. alive on June 17, 1934, and that death occurred on the date stated above at 5:10 P.M.

The CAUSE OF DEATH* was as follows:
Pneumo pneumonia
Myocardial degeneration
Sortic Durae meningitis
Mitral " (Duration) mos. ds.
 Contributory (Secondary) Chronic Atrophic prostatic
Obstruction (Duration) yrs. mos. ds.

18 WHERE WAS DISEASE CONTRACTED, IF NOT AT PLACE OF DEATH? Date of

Did an operation precede death? no Was there an autopsy?

What test confirmed diagnosis? (SIGNED) Leo J. Ryan M. D.
192 (Address) Hancock Wis.

* 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. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION OR REMOVAL Hancock Cemetery DATE OF BURIAL June 20 1934

20 UNDERTAKER Frank A. Hamilton ADDRESS Hancock Wis.