

Department of Health - Division of Vital Statistics

## CERTIFICATE OF DEATH

MAY 4 1920

City Willard (No. 1 If death occurred in a hospital or institution, give its NAME instead of street and number.)2 FULL NAME VALERIE FOSTER(a) Residence MI St. Ward. (If any, add give city or town and State.)  
Length of residence in city or town where death occurred yrs. mos. No. How long in U. S., if foreign born yrs. mos. da.

## PERSONAL AND STATISTICAL PARTICULARS

3 SEX Female 4 Color or Race White 5 Single, Married, Widowed or Divorced (write like words) Widow6a If married, widowed, or divorced  
HUSBAND of J. B. Foster  
or WIFE of J. B. Foster6 DATE OF BIRTH (Month, day and year) Dec 13-18377 AGE Years 82 Months 1 Days 29 8 LESS than 1 day \_\_\_\_\_ hrs. OR min. \_\_\_\_\_

## 8 OCCUPATION OF DECEASED

(1) Trade, profession, or service last held at work Retired

(2) Grade, rank, or station, position, or establishment in which deceased last employed

(3) Name of employer

9 BIRTHPLACE (City or town) Orleans Co., New York  
(State or country)10 NAME OF FATHER Willard Foster11 BIRTHPLACE OF FATHER (City or town) Canada  
(State or country)12 MAIDEN NAME OF MOTHER Kliss Ann Whitney13 BIRTHPLACE OF MOTHER New York State  
(City or town) (State or country)14 Informant Wm. C. B. Van Zile  
(Address) Willard, Mich.15 Filed Feb 15 1920 by J. M. Smith

## MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (Month, day and year) February 12, 192017 I HEREBY CERTIFY, that I attended deceased from Feb 1, 1920, to Feb 12, 1920 that I last saw him alive on Feb 9, 1920 and that death occurred on the date stated above at 11 P. M. The CAUSE OF DEATH\* was as follows:Valvular Disease of Heart

(duration) yrs. mos. da.

## CONTRIBUTORY (Secondary) (duration) yrs. mos. da.

18 Where was disease contracted? MI  
If not at place of death \_\_\_\_\_

Did an operation precede death? \_\_\_\_\_ Date of \_\_\_\_\_

Was there an autopsy? \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_

(Signed) P. C. Hedges M. D.Address Willard

\*State the Disease Causing Death, or its Action, from Various Causes, with (1) Nature and Extent of Injury, and (2) whether Accidental, Deliberate, or Self-inflicted. (See annex tab for further instructions.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL (Name of person)

North AdamsFeb 15, 20

20 UNDERTAKER

Carl E. FordWillard, Mich.