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.

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

Do not use this space.

18661

1. PLACE OF DEATH

County ..... Registration District No. 791 ..... File No. .....

Township ..... Primary Registration District No. 1003 ..... Registered No. 5050

City St. Louis (No. 5600 Arsenal St. ..... Ward)

2. FULL NAME Paul Forshee

(a) Residence. No. 1307a S. 7th St., 22 Ward. (If nonresident give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred 2 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: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Single

6. DATE OF BIRTH (MONTH, DAY AND YEAR): January 31, 1926

7. AGE: Years 2 | Months 3 | Days 6 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: none
(b) General nature of industry, business, or establishment in which employed (or employer): .....
(c) Name of employer: .....

9. BIRTHPLACE (CITY OR TOWN): St. Louis
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Charles Forshee
11. BIRTHPLACE OF FATHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Ethel Wells
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): .....
(STATE OR COUNTRY): Mo.

14. INFORMANT: Ethel Forshee
(Address): 1307a S. 7th

15. FILED ..... 19.. Max C Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 5 — 7 — 1928

17. I HEREBY CERTIFY, That I attended deceased from April 10, 1928, to May 7, 1928 that I last saw him alive on May 7, 1928, and that death occurred, on the date stated above, at 4:12 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diphtheria, Pharyngeal & Laryngeal
10"
(duration) 0 yrs. 1 mos. 0 ds.

CONTRIBUTORY (SECONDARY): Myocarditis acute and Bronchopneumonia Secondary (duration) 0 yrs. 0 mos. 7 ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 1307a S. 7th St.
DID AN OPERATION PRECEDE DEATH? Yes DATE OF 4-22-1928
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical & Laboratory
(Signed) George H. Garrison M.D.
5/7, 1928 (Address) [illegible] HOSPITAL

*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: St Matthews Cem. | DATE OF BURIAL: 5/9 1928

20. UNDERTAKER: A W McLaughlin | ADDRESS: 1631 Mo. Ex