

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

Do not use this space.

21160

1. PLACE OF DEATH
 County Linn Registration District No. 496
 Township Marionville Primary Registration District No. 3025
 City Marionville (No. 1014) Courtland St. 2 Ward 1
 2. FULL NAME J.M. Fore
 (a) Residence No. 1014 Courtland St. 2 Ward 1
 (Usual place of abode)
 Length of residence in city or town where death occurred 3 yrs. 7 mos. — ds. How long in U.S., if of foreign birth? yrs. mos. ds.

File No. _____
 Registered No. 42
 St. 2 Ward 1

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 Fidelia - Purce Fore
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 14-1852
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
76 2 20

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Farmer - Retired -
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Athens
 (STATE OR COUNTRY) Case County Ill.

PARENTS
 10. NAME OF FATHER Benjamin F. Fore
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) New Jersey
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Don't Know
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Don't Know
 (STATE OR COUNTRY)

14. INFORMANT J. Dale G. Dyer
 (Address) Brookfield Mo

15. FILED 6-6-28 Bessie M. Fore
 Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 28 1928
 17. I HEREBY CERTIFY That I attended deceased from 5-13, 1928, to 6-3, 1928 that I last saw h. alive on 6-4-28, and that death occurred, on the date stated above, at 3:20 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Shr. Intestinal Infections
 (duration) _____ yrs. _____ mos. _____ ds.
 CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED 129th
 NOT AT PLACE OF BIRTH? Yes

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Spec. & H
 (Signed) Geo. W. Johnson, M. D.
 (Address) Brookfield 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 Roe Hill Cem. Marionville Mo DATE OF BURIAL June 6 1928

20. UNDERTAKER M. H. Brist ADDRESS Brookfield Mo

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.

