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

Do not use this space.

1. PLACE OF DEATH

County: Jackson
Township: ~~Blue~~
City: Independence (No. ..... St. ..... Ward)

Registration District No. 398
Primary Registration District No. 3019

File No. 27165
Registered No. 311

2. FULL NAME Florence Forbis

(a) Residence. No. 706 South Park St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 6 - 1854

7. AGE: 74 Years ~~1854~~ Months ~~[illegible]~~ Days 21 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: house keeping
(b) General nature of industry, business, or establishment in which employed (or employer): at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Glasgow
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Jas B Forbis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Barren County Ky.
12. MAIDEN NAME OF MOTHER Mary Jane Hurt
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Howard County Mo

14. INFORMANT Adam Forbis
(Address) 706 So. Park Ave. Indep. Mo.

15. FILED aug 30 1928 F. L. Cook REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 27 1928

17. I HEREBY CERTIFY, That I attended deceased from April 23, 1928, to August 27, 1928 that I last saw her alive on August 27, 1928, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Labor Pneumonia
UB
101A
(duration) ..... yrs. ..... mos. 5 ds.

CONTRIBUTORY (SECONDARY) Toxic Adenoma of Thyroid
(duration) 18 yrs. 0 mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? .....
DID AN OPERATION PRECEDE DEATH? ..... DATE OF .....
WAS THERE AN AUTOPSY? .....
WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) C H Allen, M. D
8-28-, 1928 (Address) Owens-Wyatt Bldg Independence 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: Woodlawn Cem
DATE OF BURIAL: Aug 29 1928

20. UNDERTAKER: Ott and Mitchell
ADDRESS: Indep. 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.

THIS IS A PERMANENT RECORD

Phone
Indy 727

Call Flourist
Fleet Co
for door badge

3PM
Afternoon