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.

21 1929
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MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

5704

1. PLACE OF DEATH
County Callaway
Township [illegible]
City Holt (No. ..... St. ..... Ward)
Registration District No. 109
Primary Registration District No. 5752
File No. .....
Registered No. 442

2. FULL NAME William Price Forbis

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 75 yrs. mos. 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): married

5A. IF MARRIED, ~~WIDOWED, OR DIVORCED~~ HUSBAND OF (OR) ~~WIFE OF~~ Mary Ann Thomas Forbis

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 15 1853

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
75	4	1	

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

9. BIRTHPLACE (CITY OR TOWN) Callaway Co
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Francis Forbis
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Boone Co
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Mary McDonald
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Mo
(STATE OR COUNTRY)

14. INFORMANT Mrs W P Forbis
(Address) Holt Summit Mo

15. FILED 2/10, 1929 [signature]
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 6 1929

17. I HEREBY CERTIFY, That I attended deceased from Jan 29, 1929, to Feb 6, 1929, that I last saw her alive on Feb 5, 1929, and that death occurred, on the date stated above, at 10 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS: Chronic Bacteria Intestinal Enteritis

(duration) 12 yrs. 4 mos. ds.

CONTRIBUTORY (SECONDARY) .....
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH? —
DID AN OPERATION PRECEDE DEATH? No. DATE OF .....
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) [signature], M. D
2/7, 19 (Address) [signature]

*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: Union Hill Cem
DATE OF BURIAL: 2/8 1929

20. UNDERTAKER: Dawson & Tanner
ADDRESS: J. C. Mo