

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

Do not use this space.

40530

1. PLACE OF DEATH

County Jackson

Registration District No. 398

File No. _____

Township Blue

Primary Registration District No. 5554

Registered No. 416

City Independence Mo (No. 1400)

St. Louis R. & F. No. 5

Ward 241

2. FULL NAME

Oliver L. Forbes

(a) Residence No. 1400 S. W. 69

St. _____ Ward _____

(If nonresident, give city or town and State)

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

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12/8 1929

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Augusta A. Forbes

17. I HEREBY CERTIFY, that I attended deceased from _____, 19____, to _____, 19____, that I last saw h. _____ alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 - 1873

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Peri-acute dilatation
9.5 B

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
56 8 25

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) _____
(c) Name of employer _____

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

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

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH _____

10. NAME OF FATHER James H. Forbes

8 DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____
WAS THERE AN AUTOPSY? yes

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Henry County
(STATE OR COUNTRY) Kentucky

WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Blair, M. D.

12. MAIDEN NAME OF MOTHER Lizette Couch

12/5, 1919 (Address) Judop - mo

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____
(STATE OR COUNTRY) Virginia

*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.

14. INFORMANT Mrs. Lina M. Exline
(Address) 5728 Fair - Rossco City

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Woodlawn Cem.
DATE OF BURIAL Dec. 11 1929

15. FILED 12-9-29 F. L. Cook
REGISTRAR

20. UNDERTAKER Ott + Mitchell
ADDRESS Judop mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

1929

PARENTS

