

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

Do not use this space.

79

1. PLACE OF DEATH

County Barry
Township Clark
City Aurora

Registration District No. 992
Primary Registration District No. 5047
(No. RFD # 2)

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

(a) Residence. No. RFD # 2 Aurora St. Mo Ward _____
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 2 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) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan 18-1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
0 0 2

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work ✓
(b) General nature of industry, business, or establishment in which employed (or employer) _____
(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Berry co Mo
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Oren Forester
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Aurora Mo
(STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Nadine Paynter
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Cottleville
(STATE OR COUNTRY) Arkansas

14. INFORMANT Oren Forester
(Address) Aurora Mo

15. FILED 1/21, 1930 J. V. Forbes
By King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan 20 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 19, 1930, to Jan 20, 1930, that I last saw him alive on Jan 30, 1930, and that death occurred, on the date stated above, at 10 A. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Premature Birth

159 (duration) yrs. mos. ds.
1610
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) Thomas D. Gill, M. D.
. 19 _____ (Address) Aurora, 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 DATE OF BURIAL

Clay Hill Cemetery 1/21 1930

20. UNDERTAKER ADDRESS

King Funeral Home Aurora 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.

