

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

Do not use this space.

1555

1. PLACE OF DEATH

County Jasper
Township Madison
City Carthage (No.)

Registration District No. 408
Primary Registration District No. 3020

File No.
Registered No.
St. Ward)

2. FULL NAME Woodburn Lehas Forsyth

(a) Residence No. 1035 Valley St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male | **4. COLOR OR RACE** white | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** married

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

Bertha Forsyth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Apr. 8, 1897

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1	
				day, hrs.	or min.
<u>32</u>	<u>9</u>	<u>23</u>			

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Viola, Ill.
(STATE OR COUNTRY)

10. NAME OF FATHER Frank W. Forsyth

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Unknown

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

14. INFORMANT Mrs. Bertha Forsyth
(Address) 1035 Valley St.

15. FILED 2/31/1930 W. H. Hatcher
REGISTRAR

3 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Jan. 31, 1930

17. I HEREBY CERTIFY, That I attended deceased from Jan 30th, 1930, to Jan. 31st, 1930, that I last saw him alive on Jan 31, 1930, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Sarcoma of pelvic organs, Lymph glands in particular

53E (duration) yrs. 10 mos. da.

CONTRIBUTORY (SECONDARY) Edema of Lungs
(duration) yrs. mos. 30 da.

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

19. DID AN OPERATION PRECEDE DEATH? yes DATE OF I can't give exact date

20. WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) W. H. Hatcher, M. D.

, 19 1930 (Address) Carthage, 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 Rock Island, Ill. **DATE OF BURIAL** 2-1 1930

20. UNDERTAKER Ulmer - Drake **ADDRESS** Carthage, 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.

