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

Do not use [redacted]

40250

1. PLACE OF DEATH

County Nodaway — Registration District No. 622 — File No. 40250

Township Hughes — Primary Registration District No. 5824 — Registered No. 15

City ..... (No. R.F.D.#4, Skidmore, Mo. ..... St. ..... Ward)

JAN 21 1931

2. FULL NAME James Alva Forcade

(a) Residence. No. R.F.D.#4, Skidmore, Mo St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)
male	white	married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 14, 1860

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	70	10	15	

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

9. BIRTHPLACE (CITY OR TOWN) near Belleville
(STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Henry Forcade

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

12. MAIDEN NAME OF MOTHER Sarah Gilmore

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

14. INFORMANT Henry E. Forcade
(Address) R.F.D.#4, Skidmore, Mo.

15. FILED 12-31, 1930 M. M. Rhoades M. D. REGISTRAR
Jan. 7-31 C. P. Fryer M.E.C.

MEDICAL CERTIFICATE OF DEATH

1

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 29 1930

17. I HEREBY CERTIFY, That I attended deceased from ..... that I last saw him ..... alive on Dec. 29, 1930, and that death occurred, on the date stated above, at 12.25 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
suicidal gunshot wound of brain

167

2 hours (duration) ..... yrs. ..... mos. ..... ds.

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

170

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH? at place of death
DID AN OPERATION PRECEDE DEATH? no DATE OF .....
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none

(Signed) Chas. Humbert M.D., M.D.
12/29, 1930 (Address) Coroner, Nodaway Co., 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
I.O.O.F. Cem., Graham, Mo	12/31 1930

20. UNDERTAKER	ADDRESS
Price Furniture Co., Maryville, 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.