

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

Do not use this space.

1334

1. PLACE OF DEATH **U.S.V. Hosp.**

County **Jackson**

Registration District No.

File No.

Township **Russ**

Primary Registration District No. **4 132**

Registered No. **105**

City **Kansas City, Mo.**

(No. **U. S. Veterans Hospital**) St. Ward)

2. FULL NAME **FORSHA, Robert Emmett**

C-1 490 819 SPBW

(a) Residence. No. **Lexington, Missouri** St.

Ward. **Pvt. 326 Aero Squad**

(Usual place of abode) **R.F.D. 3** (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

3. SEX MALE	4. COLOR OR RACE WHITE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) SINGLE
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF -----

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **October 26, 1897**

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	33	2	17	

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) **33**

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **Missouri**

(STATE OR COUNTRY)

10. NAME OF FATHER **J.L. Forsha**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Unknown** 31

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Unknown**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Unknown**

(STATE OR COUNTRY)

14. INFORMANT **Hospital Records.**

(Address) **U. S. Vet. Hosp.**

15. FILED **Jan 13 1931 M. M. Grove**

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) **Jan. 13 1931**

17. I HEREBY CERTIFY, That I attended deceased from **December 27 1930** to **January 13 1931**

that I last saw him alive on **January 13 1931** and that death occurred, on the date stated above, at **11:30 A.M.** m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Tuberculosis, Pul. Chr. Far advanced.

2.09 (duration) **1** yr. or more. ds.

CONTRIBUTORY (SECONDARY) **2.09** (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED **Unknown**

IF NOT AT PLACE OF DEATH

0 DID AN OPERATION PRECEDE DEATH? **no** DATE OF.....

WAS THERE AN AUTOPSY? **Yes**

WHAT TEST CONFIRMED DIAGNOSIS? **Phys. Exam, X-ray & Lab**

(Signed) **Henry A. Dykes** M. D.
HENRY A. DYKES, Medical Officer in Charge
U.S.V. Hospital, Kansas City, Mo. (T)

*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 **Lexington, MO**

DATE OF BURIAL **1/14/31**

20. UNDERTAKER **Freeman Mortuary, Kansas City, Mo.**

ADDRESS

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

