

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

Do not use this space.

22162

1. PLACE OF DEATH

County Monroe
Township Clay
City (No.)

Registration District No. 378
Primary Registration District No. 5782

File No.
Registered No.
St. Ward)

2. FULL NAME

Sarah Ellen Forbes
(a) Residence, No. St. Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 24 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S (Write the word)

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF 1

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept-30-1897

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
33 8 14

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo /

13. NAME Robert Forbes

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

15. MAIDEN NAME Ether Jane Malloy

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT Ben Forbes
(ADDRESS) Wesleyday, Mo. R.F.D. 3

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnut Grove DATE June 16, 1931

19. UNDERTAKER Speed & Blakely
(ADDRESS) Paris, Mo

20. FILED June 15, 1931 Gordon Emswiler
Registrar.

MEDICAL CERTIFICATE OF DEATH

3
21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 14, 1931

22. I HEREBY CERTIFY, That I attended deceased from Mar-30, 1931, to June 14, 1931

I last saw her alive on June 5, 1931. Death is said to have occurred on the date stated above, at 1:10 P.M.

The principal cause of death and related causes of importance were as follows:

Carcinoma of Left right breast Cervical & axillary glands & carcinoma of Max under left breast - 50
Date of onset June 19, 1930

Other contributory causes of importance: 53E

Name of operation H&A Date of Jan 6/31
What test confirmed diagnosis? microscopic Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____

(Signed) H. C. Fanel, M. D.
(Address) Paris, 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.

JUL 26 1931

