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

Do not use this space.

28054

File No. .....

Registered No. 632

1. PLACE OF DEATH

County: Greene — Registration District No.: 318

Township: ..... — Primary Registration District No.: 2001

City: Springfield, Mo. (No. Springfield Baptist Hospital St. ..... Ward)

2. FULL NAME: George C. Forster

(a) Residence, No. ..... Seymour, Mo. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Apr. 2, 1864

7. AGE: Years 67 — Months 4 — Days 28 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Iowa

FATHER

13. NAME: Unknown

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER

15. MAIDEN NAME: Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Frank Forster, Beloit, Kans.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Masonic C. Seymour DATE: Sept 1, 1931

19. UNDERTAKER (ADDRESS): F. H. Kelly, Seymour, Mo.

20. FILED: 8-30, 1931 — Ron O'Harr, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): August 30th, 1931.

22. I HEREBY CERTIFY, That I attended deceased from Feb. 10th, 1930, to August 30th, 1931.

I last saw him alive on August 30th, 1931. Death is said to have occurred on the date stated above, at 11:30 p.m.

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

	Date of onset
Chronic myocarditis with mitral regurgitation —	1917
Aortic aneurysm —	1931

Other contributory causes of importance:

Chronic parenchymatous nephritis	

Name of operation: — Date of: —

What test confirmed diagnosis? ..... Was there an autopsy? No.

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) Paul O. Upshaw M.D., M. D.

(Address) 2147 N. Jefferson, Springfield, Mo.

WRITE 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.

SEP 22 1931