

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

Do not use this space.

37776

1. PLACE OF DEATH

County Jackson Registration District No. 39
Township Low Primary Registration District No. 9
City Kansas City Mo (No. 3335 Brooklyn)

File No. 4643
Registered No. 4643
St. 13 Ward

2. FULL NAME

Anna Galvin Forsh
(a) Residence, No. 3335 Brooklyn St. 13 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 1873

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
58 5 3

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

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) New York

13. NAME Martin Galvin

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

15. MAIDEN NAME Ellen Deanton

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Walter L Forsh (ADDRESS) 3335 Brooklyn St KC Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Forest Hill DATE Nov. 24 1931

19. UNDERTAKER Dw Newcomers Sons (ADDRESS) 2111 Egmont KC Mo

20. FILED 11/19 1931 M. M. Crowe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-18-31

22. I HEREBY CERTIFY, That I attended deceased from 11-14-31 to 11-18-31

I last saw her alive on 11-17-31. Death is said to have occurred on the date stated above, at 5:40 P.M.

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

Cerebral Leucomatosis Date of onset 11-10-31

Other contributory causes of importance: Chr Intercerebral Neoplasm

Name of operation 131 Date of 11-18-31
What test confirmed diagnosis? 131 Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Date of injury, 1931

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?
If so, specify

(Signed) Walter DeLeonard, M. D.
(Address) 1132 Professional Bldg

U. S.—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.

Dr. Walter Talbrook

#Phone -

1132 Proff Bldg

V44238

11-2:30