

Information should be carefully supplied, and in plain terms, so that it may be properly classified. Be stated EXACTLY. PHYSICIANS should state exact statement of OCCUPATION is very important. CAUSE OF DEATH

1932 2 4 1932

Dr Mayfield
Scheeler

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

Do not use this space.

1825

1. PLACE OF DEATH
 67 County Missouri Registration District No. 511
 Township Jay Home Primary Registration District No. 511
 City (No. _____) St. _____ Ward _____

2. FULL NAME No Name Forest
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12-32

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, 8 hrs. or min. 8

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. infant
 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) near Bertrand Mo

FATHER
 13. NAME Melvin Forest
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss. Co. Mo

MOTHER
 15. MAIDEN NAME Bingee Lee Henkle
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Carlisle Co. Mo

INFORMANT Melvin Forest
 (ADDRESS) Bertrand mo 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 11 13th 32

19. UNDERTAKER (ADDRESS) Travis Shelby East Orange Mo

20. FILED _____ 19 _____ Registrar _____

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1/13th 32

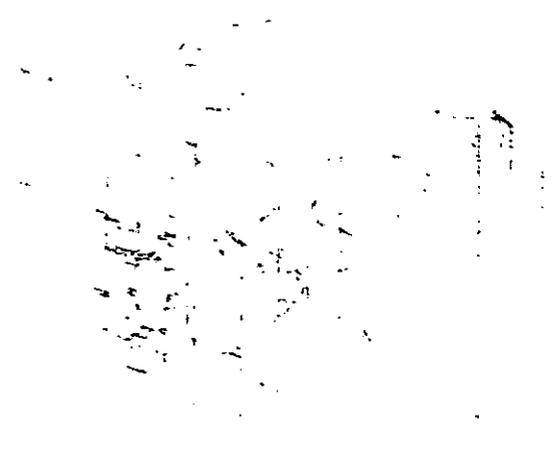
22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1932 to Jan 12 1932
 I last saw him alive on Jan 12 1932 Death is said to have occurred on the date stated above, 29 m.
 The principal cause of death and related causes of importance were as follows:
Valvular insufficiency
924
 Other contributory causes of importance: 92a
1

Name of operation none Date of _____
 What test confirmed diagnosis? _____ 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 _____, 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? _____
 If so, specify _____
 (Signed) Ag. Mayfield M. D.
 (Address) Sikeston Mo



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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Miss
Township Long
City (No.)

Registration District No. 566
Primary Registration District No. 5764

File No.
Registered No.
St. Ward

2. FULL NAME

(a) Residence, No. No name, Forest St. Ward.

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

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 12 - 32

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Logcut
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) New Bern (STATE OR COUNTRY) nc

13. NAME Melvin Forest

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

15. MAIDEN NAME Buancy Dinsel

16. BIRTHPLACE (CITY OR TOWN) Carroll Co (STATE OR COUNTRY) ky

17. INFORMANT Melvin Forest (ADDRESS) Bertala mo R 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 1-13 19. 32

19. UNDERTAKER Travis Shelby (ADDRESS) 421 Ogden mo

20. FILED Jan 10 19. 32 F. D. Vernon Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 12 1932 to Jan 12 1932

I last saw him alive on Jan 12 1932. Death is said to have occurred on the date stated above, at ca

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

Valvular Insufficiency

Other contributory causes of importance:

Name of operation no Date of
What test confirmed diagnosis? 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, 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? If so, specify

(Signed) A. D. Mansfield M. D.
(Address) Sikeston mo

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICAL CAUSES should be stated EXACTLY in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. NOT RECEIVE A FEE FOR CERTIFICATION. THESE ARE COMPLETE AS PRESCRIBED BY LAW.

SUPPLEMENTARY

5-1825

~~157~~
~~132~~
~~11~~

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