

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

Do not use this space.

7871

1. PLACE OF DEATH

27 County Cooper Registration District No. 218
Township Boonville Primary Registration District No. 2015
City (No. 3298) St. _____ Ward _____

File No. _____
Registered No. 35
St. _____ Ward _____

2. FULL NAME

Georgia Dr 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 13th 1866
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
75 8 13

OCCUPATION 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) Jan 1st 1932 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Missouri

FATHER 13. NAME J. R. Sloan 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington 2 Kentucky

MOTHER 15. MAIDEN NAME Elizabeth Morton 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lexington Kentucky

17. INFORMANT (ADDRESS) Mrs Wallace Morton Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Catholic Cem. DATE March 28th 1932

19. UNDERTAKER (ADDRESS) Schwitzer, Warnhoff, Boonville Mo.

20. FILED 3/28 1932 J. H. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

3 21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25th 1932
22. I HEREBY CERTIFY, That I attended deceased from _____, 1920, to Mar. 20th, 1932
I last saw her alive on 3/25, 1932 Death is said to have occurred on the date stated above, at 10:15 a.m.
The principal cause of death and related causes of importance were as follows:

Osteo-arthritis (3)
57 57
710
Other contributory causes of importance: 100
Anaemia & Inanition (1)

Name of operation none Date of _____
What test confirmed diagnosis? Clinical 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) M. A. Sweeney, M. D.
(Address) Boonville, 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.

APR 25 1932

