

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

Do not use this space.

27106

1. PLACE OF DEATH

91 County Ripley Registration District No. 750
 Township Douglas Primary Registration District No. 5987
 City (No.) St. Ward)

File No. 11
 Registered No. 1109

2. FULL NAME

Daniel Elworth Forey
 (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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mollie Payne</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>10-18-62</u>		
7. AGE YEARS <u>69</u>	MONTHS —	DAYS — If LESS than 1 day, hrs. or min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmier</u>	11. Total time (years) spent in this occupation
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>retired</u>	
	10. Date deceased last worked at this occupation (month and year) <u>1930</u>	
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pennsylvania</u>		
FATHER	13. NAME <u>Henry Forey</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lancaster</u>	
MOTHER	15. MAIDEN NAME <u>Margaret Hornberger</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Lancaster Penn</u>	
17. INFORMANT (ADDRESS) <u>Malley Forey</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Lewis Cmn</u> , DATE <u>Aug-10-32</u>		
19. UNDERTAKER (ADDRESS) <u>Family</u>		
20. FILED <u>8/11</u> ; 19 <u>32</u> <u>E. O. Johnston</u> Registrar		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 9-1932

22. I HEREBY CERTIFY, That attended deceased from, 19....., to, 19.....

I last saw h..... alive on, 19..... Death is said to have occurred on the date stated above, at 8:30 a.m.
 The principal cause of death and related causes of importance were as follows:
Accidental death by discharge of shotgun in his own hands. 171
 Date of onset

Other contributory causes of importance:
184 184 (5)

Name of operation 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) W.A. Brown, J.P. acting coroner M. D.
 (Address) Douglas Mo.

W.A. Brown, Acting Coroner.

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 26 1932

SEP 18 1952