

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

Do not use this space.

41217

88  
6  
8  
JAN 20 1932

**1. PLACE OF DEATH**

County RANDOLPH Registration District No. 135  
Township \_\_\_\_\_ Primary Registration District No. 3034  
City MOBERLY (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

File No. \_\_\_\_\_  
Registered No. 197

**FULL NAME**

ELIZABETH FORSYTH

(a) Residence No. 709 S WILLIAMS Ward \_\_\_\_\_ (If nonresident, give city or town and State)  
Length of residence in city or town where death occurred 1 yrs. 6 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) MARRIED

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) JAN 5 - 1872

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
	<u>60</u>	<u>11</u>	<u>12</u>		

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work Housewife  
(b) General nature of industry, business, or establishment in which employed (or employer) 235  
(c) Name of employer \_\_\_\_\_

**9. BIRTHPLACE (CITY OR TOWN)**

Riverton 2  
(STATE OR COUNTRY) ILLINOIS

PARENTS

10. NAME OF FATHER JOHN C. HERRON

11. BIRTHPLACE OF FATHER (CITY OR TOWN) BOSTON  
(STATE OR COUNTRY) MASS

12. MAIDEN NAME OF MOTHER KATIE SMITH

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) DODD KROON 31  
(STATE OR COUNTRY) \_\_\_\_\_

**14.**

INFORMANT Mrs. Omer Edwards  
(Address) 709 S Williams

**15.**

FILED 12/19, 1932 Thos. B. Plummer REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) DEC 17, 1932

17. I HEREBY CERTIFY, That I attended deceased from Dec. 14, 1932, to Dec. 17, 1932, that I last saw her alive on Dec. 17, 1932, and that death occurred, on the date stated above, at 10:30 P. m.

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

myocarditis  
930  
105B (duration) 3 yrs. 3 mos. ds.  
CONTRIBUTORY Laryngismus stridulus  
(SECONDARY) (duration) \_\_\_\_\_ yrs. \_\_\_\_\_ mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH \_\_\_\_\_  
DID AN OPERATION PRECEDE DEATH? no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS clinical - R. E. Hulse  
(Signed) R. E. Hulse, M. D.  
, 19 \_\_\_\_\_ (Address) Moberly Mo

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Higbee Mo. Cemetery DATE OF BURIAL Dec 20 1932

20. UNDERTAKER Snow-Reverton ADDRESS Moberly 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.

