

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

Do not use this space.

**1. PLACE OF DEATH**

County Buchanan  
Township  
City St Joseph (No. St Joseph's Hospital)

Registration District No. 85  
Primary Registration District No. 1001

File No. 15767  
Registered No. 496 Ward

**2. FULL NAME**

Lyman Warner Forgrave

(a) Residence, No. St Joseph Mo. St., \_\_\_\_\_ Ward.

(Usual place of abode) 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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Male 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 10 1844

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
88 10 3

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Supt of Bldgs  
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) Roseville Ohio

13. NAME John Forgrave

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Richland Iowa

15. MAIDEN NAME Harriett Garden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn

17. INFORMANT (ADDRESS) H. S. Forgrave St Joseph Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt Auburn DATE May 15 1933

19. UNDERTAKER (ADDRESS) Flizeman Funeral Home 1946 Colhoun

20. FILED MAY 15 1933 John R. Bender Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 13, 1933

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1933, to May 13, 1933.  
I last saw him alive on May 13, 1933. Death is said to have occurred on the date stated above, at 5:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Arterio Sclerosis Cerebral Date of onset 1913

Other contributory causes of importance:

Name of operation None Date of \_\_\_\_\_  
What test confirmed diagnosis? Physician 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? St Joseph 1933 (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) H. S. Forgrave M. D.  
(Address) 529 - 7th St St Joseph Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

JUN 20 1933

MARGIN RESERVED FOR BINDING

