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.

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

Do not use this space.

26344

1. PLACE OF DEATH
County Jackson — Registration District No. 399 — File No. 3466
Township Kaw — Primary Registration District No. 1002 — Registered No.
City Kansas city (No. 3705 Indiana St. Ward)

2. FULL NAME William Ambrose Forbell
(a) Residence, No. 3705 Indiana St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 45 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): married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: May S Forbell
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Jan-31-1863
7. AGE: YEARS 70 MONTHS 7 DAYS 0 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Salesman
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: South West Mews Co.
10. Date deceased last worked at this occupation (month and year):
11. Total time (years) spent in this occupation: 45

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Brooklyn New York

FATHER
13. NAME: J. S. Forbell
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): new york

MOTHER
15. MAIDEN NAME: Ann Wood
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): New York

17. INFORMANT (ADDRESS): Mrs May S Forbell 3705 Indiana
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Mt Washington DATE: SEPT-2 1933
19. UNDERTAKER (ADDRESS): Newcomer's Sons Kansas city Mo.
20. FILED 9-1 1933 M. M. Crowe Asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Aug-31, 1933
22. I HEREBY CERTIFY, That I attended deceased from July 25, 1932, to ~~Sept~~ Aug 30, 1933
I last saw ~~him~~ alive on August 30, 1933. Death is said to have occurred on the date stated above, at 7:45 a.m.
The principal cause of death and related causes of importance were as follows:
Myeloma (Malignant) General centralizing in Clavicles Vert. Calvarium, both humeri & Ribs
Date of onset
53D 53E 186A
Other contributory causes of importance: Patient fell injuring Collar bone where lesion probably started metastasizing to head.
Name of operation: Piece removed from head for ex. Date of 1931 or 1932
What test confirmed diagnosis? Microscopic Was there an autopsy? yes
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) Edward L. Stewart, M. D.
(Address) 1115 Grand ave. K.C. Mo.

autopsy performed by me. Witnessed by Dr R. Myers Dr Wills, Frederick Hall (med Student)