

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.

OCT 20 1933

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

Do not use this space.

28916

1. PLACE OF DEATH
County Callaway Registration District No. 102
Township Jackson Primary Registration District No. 4062
City Auxvasse (No. St. Ward)
2. FULL NAME Bishop Forest Col.
(a) Residence, No. Auxvasse Mo. St. Ward. (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 Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF X
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 17, 1916
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 17 9 3
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer -
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) 11. Total time (years) spent in this occupation.
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Auxvasse Mo.
13. NAME Bishop Forest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) American, Mo.
15. MAIDEN NAME Fannie Vance
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Williamsburg Mo.
17. INFORMANT (ADDRESS) Annie Forest, Auxvasse Mo.
18. BURIAL, CREMATION, OR REMOVAL PLACE Yucatan DATE Sept 21, 1933
19. UNDERTAKER (ADDRESS) Glen Y. Maffin, Maffin, Mo.
20. FILED 9/21 1933 W. G. Thomas Registrar.

MEDICAL CERTIFICATE OF DEATH
21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 20, 1933
22. I HEREBY CERTIFY, That I attended deceased from received, recognizing the body, 19... to...
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:
Dynamite explosion.
I wounds of foot from chain to hips, severing arch of aorta & tearing of foot of abdomen
Other contributory causes of importance:
2011 X 201
Name of operation..... Date of.....
What test confirmed diagnosis?..... Was there an autopsy? no.
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? accident Date of injury 9/20, 1933
Where did injury occur? Auxvasse Mo. (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury dynamite explosion
Nature of injury.....
24. Was disease or injury in any way related to occupation of deceased? yes
If so, specify worked in old hole
(Signed) H. Christian M. D.
(Address) Coroner of Callaway Co. Mo. Fulton Mo.

