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.

36960

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JAN 4 1934

1. PLACE OF DEATH
County Jefferson
Township Rock
City ..... (No. ....., ... St. ..... Ward)

Registration District No. 423
Primary Registration District No. 5578

File No. 36
Registered No. .....

2. FULL NAME Frank Forgash
(a) Residence, No. Sulphur Springs Mo 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 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 Estelle Forgash

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 11, 1905.

7. AGE YEARS 28 MONTHS 5 DAYS 28 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. chauffer
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) Feb 20, 1933
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Vestfort Conn.

FATHER
13. NAME Julius Forgash
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

MOTHER
15. MAIDEN NAME Mary Ivanso
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Austria Hungary

17. INFORMANT (ADDRESS) Mrs Estelle Forgash Sulphur Springs Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE New St Markus DATE Nov. 11 1933

19. UNDERTAKER (ADDRESS) Wacker-Halderle 2331 S Broadway

20. FILED 11/10 1933 H Wm Ebel Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/9 1933

22. I HEREBY CERTIFY, That I attended deceased from July 1933 to Nov. 9 1933
I last saw him alive on Nov. 9 1933 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:

	Date of onset
Chronic Pulmonary Tuberculosis	
2311	

Other contributory causes of importance: 23

Name of operation None Date of
What test confirmed diagnosis? Clinical & Sphenic 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? no
If so, specify
(Signed) O. F. Reich, M. D.
(Address) Kimmswick Mo.