

N. B.—Every statement 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.

913

1. PLACE OF DEATH

County Henry

Registration District No. 347

Township Clinton

Primary Registration District No. 3018

City Clinton (No. 1)

File No. 106

Registered No. 106

St. Clinton Ward 1

2. FULL NAME

(a) Residence, No. 108 E. Wilson St.

(Usual place of abode)

Ward 1

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 8 yrs. 0 mos. 0 ds. How long in U. S., if of foreign birth? 8 yrs. 0 mos. 0 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 Forquer

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

11-21-1859

7. AGE

81

YEARS

MONTHS

DAYS

IF LESS than 1 day, 0 hrs. 0 min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

Traveling Man

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

Traveling Man

10. Date deceased last worked at this occupation (month and year)

Life

11. Total time (years) spent in this occupation

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

Brandenburg West Virginia

13. NAME

Salathiel S. Forquer

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

West Virginia

15. MAIDEN NAME

Mary Ann Kelly

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

West Virginia

17. INFORMANT (ADDRESS)

May Forquer Clinton Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Rockville Mo DATE 1-20-34

19. UNDERTAKER (ADDRESS)

Fred Wilkinson Clinton Mo

20. FILED

1-19-34 J. R. Hampton Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-18-1934

22. I HEREBY CERTIFY, That I attended deceased from Jan 18, 1934, to Jan 19, 1934

I last saw him alive on Jan 18, 1934 Death is said to have occurred on the date stated above, at 12:22 PM

The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage

Date of onset

Other contributory causes of importance:

Arteriosclerosis

Name of operation

What test confirmed diagnosis?

Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide?

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?

If so, specify

(Signed) Edward Wright M.D.

(Address) Clinton Mo

