

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

Do not use this space.

21336

1. PLACE OF DEATH

County ~~not~~ Nodaway
Township _____
City Mayville, Mo (No. _____) (Ward _____)

Registration District No. 620
Primary Registration District No. 3031

File No. _____
Registered No. 71
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 511 South Fullmer St. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (write name) <u>Mrs Mary Forrest</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>April 1, 1881</u>		
7. AGE	YEARS <u>83</u>	MONTHS <u>2</u>
	DAYS <u>17</u>	If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Retired</u>	
	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 _____	

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from June 18, 1934, to June 18, 1934
I last saw him alive on June 18, 1934 Death is said to have occurred on the date stated above, at 9:30 a.m.
The principal cause of death and related causes of importance were as follows:

Coronary thrombosis

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? Symptoms 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? _____ (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) Chas. V. Martin, M. D.
(Address) Mayville, Mo.

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	13. NAME <u>John Forrest</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
	15. MAIDEN NAME <u>Mellie Jones</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Scotland</u>
17. INFORMANT <u>Mr. or V. Martin</u> (ADDRESS)	
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Memorial</u> DATE <u>June 20, 1934</u>	
19. UNDERTAKER <u>Commis Fun Co</u> (ADDRESS)	
20. FILED <u>6-20</u> , 19 <u>34</u> <u>Marie E. Clardy</u> Registrar	

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.

