

NOV 9 1934

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

Do not use this space.

1. PLACE OF DEATH

County ColeRegistration District No. 213

Township

Primary Registration District No. 3014City Jefferson City (No. St. Mary's Hospital)File No. 35573Registered No. 291

St. _____ Ward)

2. FULL NAME Mary Helen Forck(a) Residence, No. 1134 E. McCarty 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>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>
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5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 19, 1934

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, <u>30</u> hrs. or <u>30</u> min.
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8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

At home

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) Jefferson City, Mo.13. NAME Vincent Forck14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Jefferson City, Mo.15. MAIDEN NAME Clara Dircks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.17. INFORMANT Vincent Forck
(ADDRESS) Jefferson City, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Taos, Mo. DATE Oct. 20, 3419. UNDERTAKER Heinrichs Funeral Home
(ADDRESS) Jefferson City, Mo.20. FILED 10/23 1934 J. Bedford M.D.
Registrar.

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct. 19, 34 1922. I HEREBY CERTIFY, That I attended deceased from 10-19 1934 to 10-19 1934I last saw her alive on 10-19 1934 Death is saidto have occurred on the date stated above, at 4 p. m.

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

Premature birth Date of onset

Other contributory causes of importance

Cesarian section

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? no23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19Where 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) J. W. Gillham M. D.(Address) Jefferson City, Mo.

WRITE CLEARLY, 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.

