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

Do not use this space.

39601

DEC 18 1934

190

1. PLACE OF DEATH

County JACKSON Registration District No. 2097

Township KAW Primary Registration District No.

City KANSAS CITY (No. RESEARCH HOSPITAL St. Ward)

File No. 5112

Registered No.

2. FULL NAME GEORGE S. FORRESTER

(a) Residence, No. 116 - SOUTH VAN BRUNT 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: 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~~ MRS. NETTIE FORRESTER

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 5, 1857

7. AGE: YEARS 67 ~~MOS.~~ MONTHS 1 DAYS 19 If LESS than 1 day, hrs. or min.

OCCUPATION

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 94

10. Date deceased last worked at this occupation (month and year) 97

11. Total time (years) spent in this occupation 10

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

FATHER

13. NAME Andrew FORRESTER

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

MOTHER

15. MAIDEN NAME

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

17. INFORMANT MRS. NETTIE FORRESTER
(ADDRESS) 116 - SOUTH VAN BRUNT

18. BURIAL, CREMATION, OR REMOVAL
PLACE ELMWOOD DATE NOV. 27, 1934

19. UNDERTAKER D. W. NEWCOMER'S SONS
(ADDRESS) 2111 - EAST - 9TH ST.

20. FILED 11-26, 1934 M. M. Crowe asst
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOVEMBER 24, 1934

22. I HEREBY CERTIFY, That I attended deceased from 11-13-, 1928, to 11-24-, 1934

I last saw him alive on 11-24-, 1934. Death is said to have occurred on the date stated above, at 10:00 P.m.

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

	Date of onset
Coronary Thrombosis	
Left Ventricular Cardiac Failure	
Bronchial Pneumonia	
Acute Fibrosis Lungs	

Other contributory causes of importance:

Arteriosclerosis with Hypertension

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? 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?

If so, specify

(Signed) Donald N. Blank, M. D.

(Address) 924 Ruf. Bldg.

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.

924 Professional Bldg
12:30 - 5:30