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.

AN 8 1935

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

Do not use this space.

1. PLACE OF DEATH

County Lafayette — Registration District No. 460 — File No. 43490

Township ~~Davis~~ — Primary Registration District No. 4274 — Registered No. 7[illegible] 7

City Higginsville (No. ..... St. ..... Ward)

2. FULL NAME Jackson Forbush

(a) Residence, No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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 Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Emma Borbush

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1863

7. AGE YEARS 71 MONTHS -- DAYS -- If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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) Oct. 1934

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co. Missourti

FATHER

13. NAME Jackson Grubb

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

MOTHER

15. MAIDEN NAME Martha Golds

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

17. INFORMANT (ADDRESS) W.M. Conaway Higginsville, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Colored Cemetary DATE 12/30/34

19. UNDERTAKER (ADDRESS) A. H. Hadley Higginsville, Mo.

20. FILED Dec 30, 1934 [illegible] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 27 - 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec. 23, 1934, to Dec. 26 -, 1934

I last saw him alive on Dec. 26, 1934. Death is said to have occurred on the date stated above, at 12:05 a.m.

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

Uremia — Date of onset 12-23-34

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Other contributory causes of importance: Enlarged prostate & Chronic cystitis.

Name of operation none — Date of —

What test confirmed diagnosis? Hy & clinical — 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) D W A Brackleen, M. D.

(Address) Higginsville, Mo.