NOV 16 1935

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

Do not use this space.

31548

File No.

Registered No. 39

1. PLACE OF DEATH

County Scotland Registration District No. 810

Township N. Jefferson Primary Registration District No. 4488

City Memphis (No. , St. Ward)

2. FULL NAME Margret Ellen Forrester

(a) Residence, No. 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	white	widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF W. E. Forrester

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 16, 1851

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
84	4	11	

OCCUPATION

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

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) Iowa

FATHER

13. NAME Robert Kerr

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

MOTHER

15. MAIDEN NAME Don't know

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

17. INFORMANT Mrs Walter Wishart
(ADDRESS) Memphis, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis DATE Sept 27, 1935

19. UNDERTAKER D. Payne & Sons
(ADDRESS) Memphis, Mo.

20. FILED NOV - 9 1935 C. E. Parrish Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 25, 1935

22. I HEREBY CERTIFY, That I attended deceased from Sept 23rd., 1935, to Sept 23, 1935

I last saw her alive on Sept 23, 1935. Death is said to have occurred on the date stated above, at m.

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

	Date of onset
Aplolexy, with complete paralysis of whole body.	

Other contributory causes of importance: Arterio Sclerosis.

Name of operation Date of

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? 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) C. E. Parrish, M. D.

(Address) Memphis, Missouri

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.