DEC 21 1935

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

Do not use this space.

36994

File No.

Registered No.

1. PLACE OF DEATH

County: Pike

Township: ~~[illegible]~~

City: Louisiana, Mo. (No. Pike Co Hospital St. Ward)

Registration District No. 689

Primary Registration District No. 3033

2. FULL NAME Thomas Jefferson Forgey

(a) Residence, No. Clarksville Mo 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. 4 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): Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Aurilla Forgey (Deceased)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Aug. 30, 1865

7. AGE: Years 70 | Months 3 | Days 23 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Pike Co. Mo.

FATHER

13. NAME: Wm A. Forgey

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Pike Co. Mo.

MOTHER

15. MAIDEN NAME: Nancy Kissenger

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

17. INFORMANT (ADDRESS): Mrs. Kate Black (Sister) Louisiana, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Warrington Mo DATE Nov 26, 1935

19. UNDERTAKER (ADDRESS): Brown - Clarksville, Mo.

20. FILED 11/25 1935 [illegible] Jr
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Nov. 24, 1935

22. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1935, to Nov 24, 1935

I last saw him alive on Nov. 23, 1935. Death is said to have occurred on the date stated above, at 2:30 m. a m

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

	Date of onset
Chronic myocarditis and heart block	Nov 1-1935
[illegible]	
Other contributory causes of importance:	
Arterio-sclerosis	
History	1927

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? No

If so, specify

(Signed) E M Bartlett, M. D.

(Address) Clarksville Mo.

V. S. No. 2
10M-3-28-35

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.