

JAN 23 1936

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

Do not use this space.

1. PLACE OF DEATH

County.....
Township.....
City St. Louis, Mo. (No. 756)

Registration District No. 791
Primary Registration District No. 1003
S. Broadway

41010
File No. 10183
Registered No.
St. Ward)

2. FULL NAME Mrs. Cora Forkner,

(a) Residence, No. 756 S. Broadway St. 22 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. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Widowed</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mr. Ed. Forkner</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>unk/1870</u> | | |
| 7. AGE YEARS <u>abt. 65</u> | 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. <u>none</u> | |
| | 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) <u>Iowa</u> | | |
| FATHER | 13. NAME <u>Unknown</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| MOTHER | 15. MAIDEN NAME <u>Unknown</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Unknown</u> | |
| 17. INFORMANT <u>Mr. W. Callwanger</u> (ADDRESS) <u>74627 Kaydon</u> | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Pauls Churchyard</u> DATE <u>Dec. 3, 1935</u> | | |
| 19. UNDERTAKER <u>Biederwiden Funeral Home, Inc.</u> (ADDRESS) <u>1936 St. Louis Ave.</u> | | |
| 20. FILED <u>DEC - 3 1935</u> 19 <u>St. Louis Mo.</u> <u>J. T. Bredeck</u> Registrar. | | |

MEDICAL CERTIFICATE OF DEATH

No. physician in attendance

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19....., to..... 19.....
I last saw h..... alive on..... 19..... Death is said to have occurred on the date stated above, at 1:10 p.m.
The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis
Date of onset

Other contributory causes of importance: 930

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) Harold J. Shuford M.D.
(Address) St. Louis

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.

MAINTAINED RESERVED FOR BINDING

100M-3-28-35

