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.

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

APR 16 1936

Do not use this space.

9573

1. PLACE OF DEATH
County: Callaway
Township: Auxvasse
City: (No. , St. Ward)

Registration District No.: 105
Primary Registration District No.: 5155

File No.:
Registered No.: 9

2. FULL NAME: Johnie Forest

(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: 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: Married

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 30, 1900

7. AGE: Years 35 | Months 8 | Days 18 | 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): Rhineland, Mo

FATHER
13. NAME: Wm. Forest
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Montgomery Co. Mo

MOTHER
15. MAIDEN NAME: Rosa Nickens
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Rhineland, Mo

17. INFORMANT: Geo. Washington Jackson
(ADDRESS) Portland, Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Carter Co. DATE: March 19, 1936

19. UNDERTAKER: Barton Baker
(ADDRESS) Americus, Mo

20. FILED 3-19, 1936 W. H. Williamson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): March 18, 1936

22. I HEREBY CERTIFY, That I attended deceased from March 13, 1936, to March 18, 1936
I last saw him alive on 3-15-, 1936. Death is said to have occurred on the date stated above, at 1:40 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cardiac Failure	Final illness
Atherosclerosis, Coronary	

Other contributory causes of importance:
Pulmonary Tuberculosis

Name of operation: Date of:
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external cause (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) L. W. Oberthaupt, M. D.
(Address) Readsville Mo