MAY 19 193

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

Do not use this space.

14407

1. PLACE OF DEATH
County Carroll — Registration District No. 133 — File No. 8
Township Van Horn — Primary Registration District No. 5184 — Registered No.
City ..... (No. ....., ... St. ..... Ward)

2. FULL NAME Amy Bell Forsythe
(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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Arthur Forsythe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 12 - 1881

7. AGE: YEARS 55 — MONTHS 1 — DAYS 10 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housekeeper
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): Missouri

FATHER
13. NAME: Geo T Ross
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

MOTHER
15. MAIDEN NAME: Bell McLaury
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Penn

17. INFORMANT (ADDRESS): Arthur Forsythe

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vanhorn DATE 4-24 1936

19. UNDERTAKER (ADDRESS): E. A. Dickerson Bogard, Mo.

20. FILED 4-23 1936 Janie Henderson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): April 22 1936

22. I HEREBY CERTIFY, That I attended deceased from April 19, 1936, to April 22, 1936
I last saw her alive on April 22, 1936 Death is said to have occurred on the date stated above, at 1:05 A.m.
The principal cause of death and related causes of importance were as follows:
Influenza — Date of onset Apr. 17, 36

Other contributory causes of importance:
Chronic Myocarditis

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? No
If so, specify —
(Signed) J. Flamelius DO ~~M.D.~~
(Address) Hale, Mo.

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.