

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

Do not use this space.

SEP 15 1936

1. PLACE OF DEATH

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

Registration District No. **791**
 Primary Registration District No. **1003**

File No. **32693**
 Registered No. **8566**
 St. Ward)

2. FULL NAME James Forbes

(a) Residence, No. 5800 Arsenal St. 13 Ward.

Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
84 10 28

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

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) Canada

MOTHER FATHER 13. NAME James Forbes

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

15. MAIDEN NAME Maggie Armstrong

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

17. INFORMANT J.G. Sullivan (ADDRESS) 5800 Arsenal St.

18. BURIAL, CREMATION, OR REMOVAL PLACE Calvary Cemetery DATE Aug. 18, 1936

19. UNDERTAKER Central Hnd Co Inc (ADDRESS) 5800 Arsenal St

20. FILED AUG 18 1936 J. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 13, 1936

22. I HEREBY CERTIFY, That I attended deceased from July 30, 1936 to Aug. 13, 1936

I last saw him alive on Aug. 13, 1936 Death is said to have occurred on the date stated above, at 5:13 P.M.

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

HYPERTENSIVE HEART DISEASE Date of onset

1911
Stroke
 Other contributory causes of importance:
HEAT EXHAUSTION

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) J. Bredeck, M. D.
 (Address) 5800 Arsenal

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