

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

Do not use this space.

OCT 20 1936

33559

1. PLACE OF DEATH

County Andrew Registration District No. 26
Township _____ Primary Registration District No. 3002
City Mexia Mo (No. Andrew Hospital) St. _____ Ward _____

File No. _____

Registered No. 158

2. FULL NAME

Jamies S. Forrester Forrester
(a) Residence, No. Vandalia Mo St. _____ Ward _____
(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 <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Margaret A. Forrester</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 13 - 1850</u>		
7. AGE YEARS <u>86</u>	MONTHS <u>85</u>	DAYS <u>16</u>
If LESS than 1 day, _____ hrs. or _____ min.		

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Hotel keeper

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) Mo

13. NAME Granaham Forrester

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

15. MAIDEN NAME Burk Bull

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

17. INFORMANT J S Forrester (ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Vandalia Mo DATE Oct 1 36

19. UNDERTAKER W. J. Waters (ADDRESS) Vandalia Mo

20. FILED Oct-1- 1936 Blanche Neely Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 29, 1936

22. I HEREBY CERTIFY, That I attended deceased from Sept 28, 1936, to Oct 29, 1936.

I last saw him alive on Sept 29, 1936. Death is said to have occurred on the date stated above, at 8:30 PM.

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

Chronic degenerative myocarditis
II Myocardial Failure
131

Date of onset unknown
2-25-36

Other contributory causes of importance:
Generalized arteriosclerosis
Chronic interstitial nephritis

Name of operation none Date of _____

What test confirmed diagnosis? none 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) Henry J. O'Brien, M. D.

(Address) 115. Normal - Mexico 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.

