

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.

JAN 20 1937

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

Do not use this space.

41085

1. PLACE OF DEATH
 County Howrd, Registration District No. 878
 Township Burton, Primary Registration District No. 15-28
 City Mary Forbes, (No. _____, St. _____, Ward _____)

2. FULL NAME _____
 (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

1. 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 James Forbes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2nd 1866

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>70</u>		<u>9</u>	<u>19</u>	

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

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) Missouri
 (STATE OR COUNTRY) James Boggs

13. NAME _____

14. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____

15. MAIDEN NAME Millie Cornelison

16. BIRTHPLACE (CITY OR TOWN) Kentucky
 (STATE OR COUNTRY) _____

17. INFORMANT Mrs W. C. Williams
 (ADDRESS) Fayette, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sharon DATE II/23rd 1936

19. UNDERTAKER Guy T. Halley
 (ADDRESS) Fayette, Mo

20. FILED Jan, 5 1937 V. C. Boham
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) II/20th 1936

22. I HEREBY CERTIFY That I attended deceased from _____, 19____, to Nov 20, 1936
 I last saw her alive on Nov 20, 1936 death is said to have occurred on the date stated above, at 3 P m.
 The principal cause of death and related causes of importance were as follows:
strangled
Heroin
unethical
 Other contributory causes of importance:
nitral insufficiency

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

23. If death was due to external causes (accident, fall, etc.), 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. H. Brown, M. D.
 (Address) Fayette, Mo

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