

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

Do not use this space.

1070

FEB 17 1937

**1. PLACE OF DEATH**

County Henry  
Township Bogard  
City Boonville (No. ....)

Registration District No. 347  
Primary Registration District No. 3485

File No. ....  
Registered No. ....  
St. .... Ward)

**2. FULL NAME**

Nellie Forsyth  
(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) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED (husband or wife of) Andrew Forsyth

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 29 1834

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
92 5 13 - -

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work House Puper 234  
(b) General nature of industry, business, or establishment in which employed (or employer) .....  
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Uniontown Ind  
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER James Foreman

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rachel Pumble

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Unknown  
(STATE OR COUNTRY)

14. INFORMANT Pearl Williams  
(Address)

15. Feb 1-16 1937 J.R. Hampton  
REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 10 1936

17. I HEREBY CERTIFY That I attended deceased from Oct 36 to Oct 10 1936 that I last saw h. alive on Oct 10 1936 and that death occurred, on the date stated above, at 8 p.m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

Chr myocarditis  
(duration) 8 yrs. .... mos. .... ds.

CONTRIBUTORY (SECONDARY) Senility  
(duration) .... yrs. .... mos. .... ds.

18. WHERE WAS DISEASE CONTRACTED  
IF NOT AT PLACE OF DEATH at home

DID AN OPERATION PRECEDE DEATH? no DATE OF no

WAS THERE AN AUTOPSY? yes

WHAT BEST CONFIRMED DIAGNOSIS? Chronic Myocarditis  
(Signed) Geo W. Galt, M.D.  
, 19 (Address) Garden City, Mo.

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Grant Cemetery DATE OF BURIAL 10/11 1936

20. UNDERTAKER Robert Arnold ADDRESS Creighton 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.

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