

WAR 15 1937

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

Do not use this space.

1. PLACE OF DEATH

4 County Anderson Registration District No. 912
1 Township Ceivre Primary Registration District No. 4550
2 City Vandalia (No. 2) St. _____ Ward _____
Registered No. 4875

2. FULL NAME

William Forger
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred yrs. 5 mos. 9 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 Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nancy Forger
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27 1846
7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
90 10 23

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Labour
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) Louisiana Mo

13. NAME William Forger

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Louisiana Mo

15. MAIDEN NAME unknown

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

17. INFORMANT Mrs Ida Anderson
(ADDRESS) Vandalia Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACES Louisiana Mo DATE 2-22 1937

19. UNDERTAKER Davies Funeral Home Inc
(ADDRESS) Vandalia Mo

20. FILED 427 1937 Carrie F. Atterback
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 20 1937

22. I HEREBY CERTIFY, That I attended deceased from Feb 10 1937, to Feb 20 1937

I last saw him alive on Feb 20 1937. Death is said to have occurred on the date stated above, at 4:15 m.

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

Bronchopneumonia Date of onset 3 Aug
1070
Other contributory causes of importance: Chronic Bronchitis

Name of operation _____ Date of _____
What test confirmed diagnosis? Ch 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) Phoebe Alfred M. D.
(Address) Vandalia 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.

