

MAR 29 1937

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

Do not use this space.

1. PLACE OF DEATH

111 County Wayne Registration District No. 892 File No. 9292  
Township Blackman Primary Registration District No. 6194 Registered No. 4  
City Chaonia (No. ....) St. .... Ward)

2. FULL NAME

James Rely ~~Forster~~ Forister  
(a) Residence, No. Chaonia, Mo. St. .... Ward. ....  
(Usual place of abode)  
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. (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) Jan. 2, 1861  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
76 1 2  
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Laborer  
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) Unknown

13. NAME Unknown

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

15. MAIDEN NAME Unknown

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

17. INFORMANT Harvey Forister  
(ADDRESS) Chaonia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Chaonia DATE Feb. 5, 1937

19. UNDERTAKER Green Funeral Service  
(ADDRESS) Poplar Bluff, Mo.

20. FILED Feb. 2, 1937 Mr. Halks McPherson  
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-4, 1937  
22. I HEREBY CERTIFY, That I attended deceased from 1-28, 1937, to 2-4, 1937.  
I last saw him alive on 1-30, 1937. Death is said to have occurred on the date stated above, at 4 P. m.  
The principal cause of death and related causes of importance were as follows:

Chronic interstitial nephritis  
Date of onset

Other contributory causes of importance:  
12/1

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) Wm. H. Sweeney, M. D.  
(Address) Poplar Bluff, 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.

FBI

APR 1964

MEMO

TO: SAC, NEW YORK

FROM: SAC, PHOENIX

SUBJECT: [Illegible]

[Illegible typed text]

[Illegible typed text]