

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

Do not use this space.

15234

MAY 15 1937

1. PLACE OF DEATH
 County Jackson Registration District No. 399
 Township Kearney Primary Registration District No. 1002
 City Kearney City (No. K. C. Gen. Hosp.) St. Mo. Ward 1780

2. FULL NAME Joseph La Forge
 (a) Residence, No. 2328 Van Buren Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 4 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4-14 1937

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Widowed

22. I HEREBY CERTIFY, That I attended deceased from 3-1 1937 to 4-14 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 19 1871

I last saw her alive on 4-14 1937. Death is said to have occurred on the date stated above, at 4:45 a.m.

7. AGE YEARS 65 MONTHS 8 DAYS 25 If LESS than 1 day, hrs. or min.

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

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

Carcinoma of stomach with extension
H6
 Date of onset _____

Other contributory causes of importance:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ill

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

13. NAME Joseph La Forge

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

15. MAIDEN NAME Do not know

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

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.

17. INFORMANT L. N. Freiberger
 (ADDRESS) 2328 Van Buren

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL
 PLACE St. Mary's Home DATE 4-15 1937

19. UNDERTAKER Parish's Bio's Funeral Home
 (ADDRESS) K.C. Mo

24. Was disease or injury in any way related to occupation of deceased? _____
 If so, specify _____

20. FILED Apr. 14 1937
M. McEnroe
 Registrar.

(Signed) P. H. De Maria M. D.
 (Address) Subt. K. C. Gen. Hosp
K.C. 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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