MAY 28 1937

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

Do not use this space.

1. PLACE OF DEATH
69 County Monroe — Registration District No. 582 — File No. 17023
4 Township — Primary Registration District No. 4344 — Registered No. 22
2 City Paris, Missouri (No. ..., ... St. ..... Ward)

2. FULL NAME Hester Jane Forbis
(a) Residence, No. McMurry Hospt. St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 4 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 OF (OR) WIFE OF Robt. Forbis

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 15, 1868

7. AGE: Years 69 — Months 2 — Days 29 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
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) (STATE OR COUNTRY) Monroe Co., Mo.

FATHER
13. NAME Benjamin Mallory
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

MOTHER
15. MAIDEN NAME Sarah White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Monroe Co., Mo.

17. INFORMANT (ADDRESS) Ben Forbis, Paris, Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Walnut Grove DATE Apr. 15, 1937

19. UNDERTAKER (ADDRESS) Speed & Blakey, Paris, Missouri

20. FILED APR 14 1937 H C Payne, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) APR 14 1937, 19

22. I HEREBY CERTIFY, That I attended deceased from May 10, 1936 to Apr 14, 1937
I last saw her alive on Apr 14, 1937 Death is said to have occurred on the date stated above, at 3:15 A.m.
The principal cause of death and related causes of importance were as follows:

Arteriosclerosis and Chronic Brights Disease — Date of onset: Dont Know

Other contributory causes of importance: — — 131

Name of operation None, Date of
What test confirmed diagnosis? Clinical 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) M. C. McMurry, M. D.
(Address) Paris, Missouri

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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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