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

Do not use this space.

22971

1. PLACE OF DEATH JUL 10 1937
County Jackson — Registration District No. 399 — File No.
Township Scam — Primary Registration District No. 1002 — Registered No.
City Kansas City (No. K C Gen Hosp St. Ward)

2. FULL NAME Joseph H Forde
(a) Residence, No. 4547 Bellefontaine 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Widow

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lula J. Howe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug - 1 - 1855

7. AGE: YEARS 81 — MONTHS 10 — DAYS 26 — 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) Missouri

FATHER
13. NAME No Record
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

MOTHER
15. MAIDEN NAME No Record
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No Record

17. INFORMANT Mrs. J. B. Gibbs
(ADDRESS) 1023 West 39th St.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Forest Hill DATE 6/30-37

19. UNDERTAKER Mrs. E. L. Forster
(ADDRESS) 918 Brooklyn, Armour

20. FILED 6/29, 1937 M. M. Brown Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6-27, 1937

22. I HEREBY CERTIFY, That I attended deceased from 6-12, 1937 to 6-27, 1937
I last saw him alive on 6-27, 1937. Death is said to have occurred on the date stated above, at 5:35 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bacterial Endocarditis	
9/a	

Other contributory causes of importance:
Bronchopneumonia

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

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) G. A. DeMarsh, M. D.
(Address) Supt K C Gen Hosp K C Mo

N. B.—Every item of information should be carefully supplied. All should be stated EXACTLY. Avoid abbreviations. Write plainly. Be sure that CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.