

JUL 28 1937

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

Do not use this space.

1. PLACE OF DEATH

County Gentry Registration District No. 309 File No. 23680
Township _____ Primary Registration District No. 4185 Registered No. _____
City Albany (No. _____) St. _____ Ward _____

2. FULL NAME Grace Pauline Forbis

(a) Residence, No. _____ 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. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Roy F. Forbis</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>July 29 1885</u>		
7. AGE	YEARS <u>51</u>	MONTHS <u>10</u>
	DAYS <u>12</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>at home</u>	
	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) <u>Albany Missouri</u>		
FATHER	13. NAME <u>Samuel F. Peery</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Grundy County Mo</u>	
MOTHER	15. MAIDEN NAME <u>Pauline Gartin</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Not known</u>	
17. INFORMANT <u>Mr Roy Forbis</u> (ADDRESS) <u>Albany Mo</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grandview</u> DATE <u>June 13 1937</u>		
19. UNDERTAKER (ADDRESS) <u>W. H. ... Albany Mo</u>		
20. FILED <u>June 12 1937</u> <u>W. H. ... Registrar</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 11 1937

22. I HEREBY CERTIFY That I attended deceased from June 11 1937 to June 11 1937.
I last saw her alive on June 11 1937. Death is said to have occurred on the date stated above, at 4:15 P.M.
The principal cause of death and related causes of importance were as follows:
suicide - drinking
By sol.
Date of onset _____

Other contributory causes of importance: 103
Pernicious
Anaemia.

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) W. H. ... M. D.
(Address) Albany, 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.

SEP 7 1948