JUL 29 1937

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

Do not use this space.

1. PLACE OF DEATH
County: Lafayette
Township: Clows
City: Higginsville (No. ..... St. ..... Ward)

Registration District No. 460
Primary Registration District No. 4274

File No. 24110
Registered No. .....

2. FULL NAME Margaret M. Forschle

(a) Residence, No. ..... St., ... 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: F
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Chorley L. Forschle

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 28-1870

7. AGE: Years 67 | Months 0 | Days 4 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife
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): Hopewell Mo.

FATHER
13. NAME: J. D. Heidbrink
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Warren County Mo.

MOTHER
15. MAIDEN NAME: Margaret Heidbrink
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hopewell Mo.

17. INFORMANT (ADDRESS): Martin Heidbrink Higginsville Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Higginsville, Mo DATE: 5-4-1937, 19..

19. UNDERTAKER (ADDRESS): Hoefer & Meinerschagen Higginsville, MO.

20. FILED: July 7, 1937 Fanny Webb Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 5-2-, 1937

22. I HEREBY CERTIFY, That I attended deceased from 5-2-, 1937, to 5-2-, 1937
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Rupture of left Ventricle of heart - Spontaneous (Coroners case)	

Other contributory causes of importance:
Myocarditis Chronic
Endocarditis Chronic

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) E. B. Hubert Coroner, M. D.
(Address) Odessa, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.