

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

791
1003

Do not use this space.

32580

OCT 14 1937

1. PLACE OF DEATH

County..... Registration District No.....
Township..... Primary Registration District No.....
City St. Louis, Mo. (No. Primin - Desloge Hosp.) St. Ward.....

File No.....
Registered No. 8634
St. Ward.....

2. FULL NAME

Etchel Forrester
(a) Residence, No. St. Ward. Belgrade, Mo.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. 9 ds. hR 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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Husband (Paul Forrester)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 11 - 1905

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
32 1 3

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) Sept. 4 - 1937 11. Total time (years) spent in this occupation 1.0 yrs.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Leadwood, Mo.
LEADWOOD, MO.

13. NAME (Unknown) Horton

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

15. MAIDEN NAME

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

17. INFORMANT Husband (Paul Forrester)
(ADDRESS) Belgrade, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE FRONTON, Mo. DATE 9/18/37

19. UNDERTAKER Albert H. Horn
(ADDRESS) 437 N. Euclid Ave

20. FILED 9-14 1937 J. Bredeck
Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept 5, 1937, to Sept 14, 1937

I last saw him alive on Sept 14, 1937. Death is said to have occurred on the date stated above, at 3:32 a.m.

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

Septicemia (Staph. aureus)
Chronic Cholecystitis & Cholelithiasis
& Common duct obstruction
Suppurative Cholecystitis & Hepatitis
Confluent Bronchitis - or Septic pneumonia
Septic Endocarditis (Early)
Other contributory causes of importance:
Septic Nephritis Acute
Results of Septicemia

Date of onset 9/5/37

Name of operation: no Date of no
What test confirmed diagnosis? X-ray 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. D. Brown, M. D.
(Address) 1325 S. Grand

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.

31-8992

THE UNIVERSITY OF CHICAGO
DIVISION OF THE PHYSICAL SCIENCES
DEPARTMENT OF CHEMISTRY

1. Introduction
2. Experimental
3. Results
4. Discussion
5. Conclusions
6. Acknowledgments
7. References
8. Appendix
9. Tables
10. Figures