

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

Do not use this space.

NOV 18 1937

1. PLACE OF DEATH

County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 100
 City Kansas City (No. Research Hospital) St. _____ Ward _____

File No. 36632

Registered No. 11021

2. FULL NAME Mrs Margaret Charlton Forsythe

(a) Residence, No. 3524 Locust St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 45 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female	4. COLOR OR RACE White	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced		
5A. MARRIED, WIDOWED, OR DIVORCED MARRIAGE OF (OR) WIFE OF John E. Forsythe				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept, 9 1872				
7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,hrs. ormin.
	65	0	29	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.			
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.			
	Sales Lady			
10. Date deceased last worked at this occupation (month and year)			11. Total time (years) spent in this occupation	

12. BIRTHPLACE (CITY OR TOWN) Lawrence
 (STATE OR COUNTRY) Kas.

13. NAME John Charlton

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

15. MAIDEN NAME Martha Curtis

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

17. INFORMANT Miss Margaret Forsythe
 (ADDRESS) 3524 Locust

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Lawrence, Kas. DATE Oct. 11, 1937

19. UNDERTAKER Freeman Mortuary & Chapel
 (ADDRESS) Kansas City

20. FILED Dec 10 1937 M. M. Brown
 Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct, 8 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct. 6, 1937, to Oct. 8, 1937
 I last saw her alive on Oct. 8, 1937 Death is said to have occurred on the date stated above, at 1 A.m.

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

*Perforation of coronary Artery
 Pyelitis with
 pyelitis (Bile)
 126 Peritonitis*

Other contributory causes of importance:
*Cholecystitis with
 cholelithiasis*

Date of onset
10/31/37

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? Yes

If so, specify _____
 (Signed) H. Stanley Hines
 (Address) 424 Prof Bldg

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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Prof. P. P. P.
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