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.

NOV 18 1937

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

Do not use this space.

2
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36659

1. PLACE OF DEATH
County Jackson
Township Kaw
City Kansas City
Registration District No. 399
Primary Registration District No. 1002
(No. 7308 Norton St. Ward)
File No.
Registered No.

2. FULL NAME Edgar William Forbes
(a) Residence, No. 7308 Norton St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 35 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): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marvel Forbes

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Feb 15th 1866

7. AGE: YEARS 71 | MONTHS 7 | DAYS 25 | If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plasterer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Self
10. Date deceased last worked at this occupation (month and year): 1933
11. Total time (years) spent in this occupation: 50

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mercer co, Illinois

FATHER
13. NAME: John James Forbes
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Buffalo New York

MOTHER
15. MAIDEN NAME: Anne Flora
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown Ohio

17. INFORMANT (ADDRESS): Mrs Marvel Forbes 7308 Norton

18. BURIAL, CREMATION, OR REMOVAL
PLACE Green lawn DATE Oct. 12th 1937

19. UNDERTAKER (ADDRESS): Dwyer Newcomer Sons Kansas City - Mo

20. FILED Oct 12, 1937 M. M. Grover Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-10-37, 19

22. I HEREBY CERTIFY, That I attended deceased from ....., 19.... to ....., 19....
I last saw him alive on ....., 19.... Death is said to have occurred on the date stated above, at 8 10 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Nephritis (Uremia) Bronchopneumonia 131

Date of onset

Other contributory causes of importance:

Name of operation ..... Date of .....
What test confirmed diagnosis? Autopsy 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) Russell W Dunn, M. D.
(Address) [illegible]