NOV 19 1937

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

Do not use this space.

File No. 38118
Registered No. 4

1. PLACE OF DEATH
County: Linn
Township: Clay
City: ..... (No. ....., ... St. ..... Ward)

Registration District No. 499
Primary Registration District No. 5664

2. FULL NAME John Forst

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Marie Forst, (Dec.)

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): March 8, 1848

7. AGE	Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
	89	6	20	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Harnessmaker
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Retired
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): Tyrol, Austria

FATHER
13. NAME: Antone Forst
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXX, Austria

MOTHER
15. MAIDEN NAME: Barbara Broz
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): XXXXXXX, Austria

17. INFORMANT (ADDRESS): A. F. Forst, ~~Linneus, Missouri~~

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Superior, Nebr. DATE: 9/28/1937, 19

19. UNDERTAKER (ADDRESS): Thorne Undertaking Co., Linneus, Missouri.

20. FILED: 10/21-1937 Geo. H. Clarkson, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 9/28/1937, 19

22. I HEREBY CERTIFY, That I attended deceased from September 9, 1937, to September 28, 1937
I last saw h. alive on September 26, 1937. Death is said to have occurred on the date stated above, at 10:40 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Senility	
Carcinoma of liver	

Other contributory causes of importance:

1245

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? No.

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? No.
If so, specify .....
(Signed) Dr. G. H. Bradley, M. D.
(Address) Linneus, Mo.