

DEC 20 1937

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

41402
Do not use this space.

1. PLACE OF DEATH

(a) County HOLT Registration District No. 374
(b) Township FORBES Primary Registration District No. 5521 Registered No. 5
(c) City FORBES (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name, instead of street and number)
(e) Length of residence in city or town where death occurred 4 yrs. mos. da. (f) How long in U. S., if of foreign birth? _____ yrs. mos. da.

2. PRINT FULL NAME GEORGE THOMAS METCALF

(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX MALE 4. COLOR OR RACE WHITE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) SINGLE

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) SEPT-22-1879

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
64 1 27

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. MERCHANT
9. Industry or business in which work was done, as 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) FORBES (STATE OR COUNTRY) MO

FATHER 13. NAME Geo. THOMAS METCALF

14. BIRTHPLACE (CITY OR TOWN) HULL (STATE OR COUNTRY) ENGLAND

MOTHER 15. MAIDEN NAME MARY K. SCOTT

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

17. INFORMANT E. A. METCALF (ADDRESS) FORBES MO

18. BURIAL, CREMATION, OR REMOVAL PLACE FORBES MO DATE Nov-21-1937

19. FUNERAL DIRECTOR J. FRED TERHUNE (ADDRESS) SAVANNAH MO

20. FILED Dec 10 1937 Clarence P. Kasper Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 19 1937

22. I HEREBY CERTIFY That I attended deceased from Nov 18 1937 to Nov 19 1937

I last saw him alive on Nov 19 1937 Death is said to have occurred on the date stated above, at 10:30 p.m.

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

Cerebral hemorrhage Date of onset 11-18-37

Other contributory causes of importance:
Hypertension and arterio sclerosis

Name of operation _____ Date of _____
What test confirmed diagnosis clinical 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) F. E. Hagan, M. D.
(Address) Woodward City MO

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.

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.....

hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....

..... L. E.

No..... or by....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

..... Licensed Embalmer No.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)