

JAN 19 1938

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

Do not use this space.

62

~~15789~~

1. PLACE OF DEATH

County Laclede
Township Union
City Osborne (No. St. Ward)

Registration District No. 448
Primary Registration District No. 6608

File No.
Registered No. 2

2. FULL NAME

Martha Mariah Forkner 625

(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 life yrs. mos. ds. 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) Widowed
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Martin Henry Forkner
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 11, 1848
7. AGE YEARS 89 MONTHS 9 DAYS 21 If LESS than 1 day, hrs. or min.

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. Home
10. Date deceased last worked at this occupation (month and year) 1933 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laclede County, Mo. 0

13. NAME George Russell

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky 1

15. MAIDEN NAME Adeline Crittenden

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

17. INFORMANT (ADDRESS) Mrs. Margie Evans Marshall mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Happy Home DATE 1/3 38

19. UNDERTAKER (ADDRESS) Jay Jolley Marshall mo

20. FILED 1-10 1938 Ana Montgomery Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 2 1938

22. I HEREBY CERTIFY, That I attended deceased from 3-26, 1936, to 1-2-, 1938

I last saw h. alive on 11-20-, 1937 Death is said to have occurred on the date stated above, at 4 p.m.

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

Chronic Valvular Heart Disease Date of onset
Her age

Name of operation 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) O. C. Burage, M. D.
(Address) Corway - 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.

