

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

Do not use this space.

1. PLACE OF DEATH
 County Dunklin Registration District No. 289
 Township Malden Primary Registration District No. 4173
 City Malden (No.) St. Ward
 2. FULL NAME Lida Forester 6-2-38
 (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 4 yrs. 6 mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

File No. 2653
 Registered No. 6

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 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 Chancel D. Forester
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 22
 7. AGE YEARS 47 MONTHS 3 DAYS 22 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.
 10. Date deceased last worked at this occupation (month and year) Oct 36 11. Total time (years) spent in this occupation
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Arlington Ky.
 13. NAME Chas. A. Rudolph
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blandville Ky.
 15. MAIDEN NAME Franca Chapman
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Raleigh N. Carolina
 17. INFORMANT Lena Louise Lindsey
 (ADDRESS) Malden Mo
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Arlington Ky. DATE 1-16 1938
 19. UNDERTAKER W. L. Craig
 (ADDRESS) Malden Mo
 20. FILED 1-17 1938 S. Mitchell
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 14 1938
 22. I HEREBY CERTIFY That I attended deceased from Jan 14 1938 to June 14 1938
 I last saw her alive on June 14 1938. Death is said to have occurred on the date stated above, at 9:45 P. m.
 The principal cause of death and related causes of importance were as follows:
Bronchial Asthma
 Date of onset 8 years
 Other contributory causes of importance:
Pulmonary Tuberculosis (?)
 Name of operation Date of
 What test confirmed diagnosis Clinical 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) John M. Deane M. D.
 (Address) Malden Mo

Every item of information should be carefully supplied. Age should be stated. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

RECEIVED

FEB 24 1938

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MO. STATE BOARD OF HEALTH