

REC'D APR 3 1938

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

9584  
Do not use this space.

## 1. PLACE OF DEATH

(a) County Jackson Registration District No. 399  
(b) Township 1st Primary Registration District No. 1002 Registered No. 1049  
(c) City Camas City (d) Street No. 2 Cogen Hosp St.  
(If death occurred in Hospital or Institution, write name instead of street and number)  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

## 2. PRINT FULL NAME

(a) Residence, No. 4831 E 18th 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  |  |   |                  |   | MEDICAL CERTIFICATE OF DEATH   |  |
|---|--|---|------------------|---|--|--|
| 3. SEX<br><u>M</u>  | 4. COLOR OR RACE<br><u>W</u>   | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)<br><u>Married</u> |                  |   | 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>3-5</u> , 19 <u>38</u>   |  |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF<br><u>Lawrence Forbes</u>        |  |   |                  | I HEREBY CERTIFY, That I attended deceased from <u>2-17</u> , 19 <u>38</u> , to <u>3-5</u> , 19 <u>38</u><br>I last saw <u>he</u> alive on <u>3-5</u> , 19 <u>38</u> Death is said to have occurred on the date stated above, at <u>12:05 PM</u><br>The principal cause of death and related causes of importance were as follows:<br><u>Generalized Pericent Peritonitis</u> |  |  |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29, 1903</u>                                 |  |   |                  |   | Date of onset  |  |
| 7. AGE  | YEARS<br><u>34</u>   | MONTHS<br><u>11</u>   | DAYS<br><u>6</u> | If LESS than 1 day, ..... hrs. or ..... min.  | Other contributory causes of importance:   |  |
| OCCUPATION  | 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.<br><u>Housewife</u> |   |                  |   | Name of operation  |  |
|   | 9. Industry or business in which work was done, as saw mill, bank, etc.                                |   |                  |   | Date of  |  |
|   | 10. Date deceased last worked at this occupation (month and year)                                      |   |                  |   | What test confirmed diagnosis? Was there an autopsy?   |  |
| 11. Total time (years) spent in this occupation   |  |   |                  |   | 23. If death was due to external causes (violence), fill in also the following:<br>Accident, suicide, or homicide? Date of injury, 19.....<br>Where did injury occur? (Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place. |  |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Camas</u>                                 |  |   |                  |   | Manner of injury   |  |
| FATHER  | 13. NAME <u>W. Mundy</u>   |   |                  |   | Nature of injury   |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Illinois</u>                                       |   |                  |   | 24. Was disease or injury in any way related to occupation of deceased?<br>If so, specify  |  |
| MOTHER  | 15. MAIDEN NAME <u>Luella A. Burns</u>   |   |                  |   | (Signed) <u>G. F. De Maria</u> , M. D.   |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>   |   |                  |   | (Address) <u>Sup't. 2 Cogen Hosp. KCM</u>  |  |
| 17. INFORMANT (ADDRESS) <u>Deura Clark</u>  |  |   |                  |   | Local Registrar.   |  |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Wilmington, Va.</u> DATE <u>3/8</u> , 19 <u>38</u> |  |   |                  |   |  |  |
| 19. FUNERAL DIRECTOR (ADDRESS) <u>Miss L. T. Foster</u>                                       |  |   |                  |   |  |  |
| 20. FILED <u>Mar 7, 1938</u>  |  |   |                  |   |  |  |

(Licensed Embalmer's Statement on Reverse Side)

129

OCT 28 1941

PLAC (a)  
(b)  
(c)  
(d)  
(e)

**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 do the above constitutes grounds for revocation of license.)**

FILL IN ANSWERS TO ALL SPACES  
CHECKED IN RED PENCIL.

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

95847  
Do not use this space.

PLACE OF DEATH

County Jackson Registration District No. ....  
Township ..... Primary Registration District No. .... Registered No. ....  
City K.C. (d) Street No. .... (If death occurred in Hospital or Institution, write its name instead of street and number) St.  
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Marie Forbes

(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 7 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
34 11 6

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. ....  
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) (STATE OR COUNTRY)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE DATE 19

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 19

Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar 5, 1935

22. I HEREBY CERTIFY, That I attended deceased from 19... to 19...

I last saw h... alive on ... 19... Death is said to have occurred on the date stated above, at ... m.

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

Generalized purulent peritonitis (post operative) 1935  
Other contributory causes of importance: chronic appendix

Name of operation ..... Date of .....  
What test confirmed diagnosis? ..... 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) P. J. Demaria, M. D.  
(Address) Dept. Gen. Hosp. K.C. Mo.

SUPPLEMENT

