

REC'D APR 15 1938

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

10127

Do not use this space.

10  
1. PLACE OF DEATH *Boone*  
(a) County *Boone* Registration District No. *76*  
(b) Township *Forche* Primary Registration District No. *5719* Registered No. \_\_\_\_\_  
(c) City \_\_\_\_\_ (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 yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME *Annie Forbis, 612*  
(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

## MEDICAL CERTIFICATE OF DEATH

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 *Marshall Forbis*  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *5-23-1856*  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
*81 8 28.*  
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. *at Home*  
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) *Boone County, Missouri*  
13. NAME *James Copher*  
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*  
15. MAIDEN NAME *Priscilla McQuitty*  
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Missouri*  
17. INFORMANT (ADDRESS) *Edgar Forbis, Harrisburg, Mo.*  
18. BURIAL, CREMATION, OR REMOVAL PLACE *Red Rock* DATE *Feb. 22, 38*  
19. FUNERAL DIRECTOR (ADDRESS) *W. H. Vandeventer, Columbia, Mo.*  
20. FILED *4-10 1938 Mrs. N. G. Miller* Local Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *May 23, 1938*22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_, to *2-21-*, 19\_\_\_\_I last saw him alive on *2-*, 19\_\_\_\_. Death is said to have occurred on the date stated above, at *2a* m.

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

*Influenza*

Date of onset

*2-26-**38*Other contributory causes of importance: *11/2.*

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) *W. H. Vandeventer* \_\_\_\_\_(Address) *Harrisburg, Mo.*

76

STATEMENT BY LICENSED EMBALMER

W. H. Vanderwenter

Licensed Embalmer No. 2494

hereby certify that the body recorded on the reverse side of this certificate was ~~embalmed~~ <sup>buried</sup> ~~not embalmed~~.

L. E.

No. \_\_\_\_\_ or by \_\_\_\_\_  
working under my personal supervision.

Registered Apprentice No. \_\_\_\_\_

Signed *W. H. Vanderwenter*

Licensed Embalmer No. 2494

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.)