REC'D JUL 17 1938

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

Do not use this space.

File No. 21986

Registered No. 32

1. PLACE OF DEATH
County Howard, Registration District No. 378
Township Primary Registration District No. 4222
City Fayette, (No. , St. Ward)

2. FULL NAME Henry August Forderhase, 636

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male
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 Lena Forderhase,

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/26th 18 62

7. AGE Years 76 Months 3 Days 24 If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer,
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)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri, 0

FATHER
13. NAME Rudolph Forderhase, 6
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany, 6

MOTHER
15. MAIDEN NAME Maria Bussman,
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany,

17. INFORMANT (ADDRESS) Rudolph Forderhase, Fayette, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Walnu Ridge, DATE 6/2ist 1938, 19

19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.

20. FILED July 5 1938, V. Q. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 6.20th 1938, 19

22. I HEREBY CERTIFY, That I attended deceased from 6-1, 1938, to 6-20, 1938
I last saw him alive on 6-19, 1938. Death is said to have occurred on the date stated above, at 11 30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Cardiac Dilation	6-20-38
92A	
Other contributory causes of importance:	
Chr. Myocarditis	1937
Chr. Endocarditis	1925

Name of operation None Date of
What test confirmed diagnosis? None 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? no
If so, specify
(Signed) W. A. Bloom, M. D.
339 (Address) Fayette Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.

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