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.

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

JAN 25 1939

44124
Do not use this space.

1. PLACE OF DEATH
(a) County: Phelps
(b) Township:
(c) City: Rolla
Registration District No.: 677
Primary Registration District No.: 4403
Registered No.: 141
(d) Street No.: Rolla Hospital 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: 6 yrs. 12 mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME: Mrs Goldie Forbis
(a) Residence, No.: Dixon Mo St. Route No 3
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: F
4. COLOR OR RACE: Wh
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Leonard Forbis
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5, 1899
7. AGE: Years 39 Months 6 Days 4 If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Housewife
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): Dixon Mo

FATHER
13. NAME: William Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

MOTHER
15. MAIDEN NAME: Lacresa Atwell
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mo

17. INFORMANT (ADDRESS): Leonard Forbis Dixon Mo
18. BURIAL, CREMATION, OR REMOVAL
PLACE: Freedom Cem DATE: Dec. 11, 1938
19. FUNERAL DIRECTOR (NAME): Russell Son
(ADDRESS): Rolla Mo
20. FILED: Dec. 11, 1938 Jos. F. Ryan Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec 9th 1938
22. I HEREBY CERTIFY, That I attended deceased from Dec 4 1938, to Dec 9, 1938
I last saw her alive on Dec 9, 1938. Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Carcinoma of the Stomach	4 6

Other contributory causes of importance: Non

Name of operation: Non 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?
If so, specify:
(Signed) Anthony McFarland M. D.
(Address) Rolla Mo.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Personally

....., or by .....

Registered Apprentice No....., working under my personal supervision.

Signed S. C. Nuell

Licensed Embalmer No. 3394

P. O. Address Rolla Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to compl with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.