

1939 APR 25 1939

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

11621
Do not use this space.

1. PLACE OF DEATH

(a) County Monroe ³ Registration District No. 582
 (b) Township Jackson ¹ Primary Registration District No. 5779 Registered No. 14
 (c) City Paris (d) Street No. Monroe Co. Infirmary 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

(a) Residence, No. 626 David Forquere Monroe Co. Infirmary 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2/5/1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
81 0 20

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. laborer
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) East St Louis (STATE OR COUNTRY) Ill.

13. NAME John Forquere ⁹

14. BIRTHPLACE (CITY OR TOWN) Denby, Tenn (STATE OR COUNTRY) ⁹

15. MAIDEN NAME Donch, Tenn

16. BIRTHPLACE (CITY OR TOWN) Denby, Tenn (STATE OR COUNTRY)

17. INFORMANT Mrs. Jennie Elsberry (ADDRESS) Madison, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Smithfield DATE March 25, 1939

19. FUNERAL DIRECTOR (NAME) Irma Thompson (ADDRESS) Madison, Mo.

20. FILED 3-25-39 F. A. Barnett, M.D. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 25, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 3 to Mar 25, 1939
 last saw him alive on Mar 25, 1939. Death is said to have occurred on the date stated above, at 4:27 p.m.

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

Cerebral hemorrhage
9261
 Other contributory causes of importance: arteriosclerosis

Name of operation _____ Date of _____
 What test confirmed diagnosis? none 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? no

If so, specify _____
 (Signed) Wm. M. Ruppelle M. D.
 (Address) Paris, Mo.

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.

RECEIVED

District Health Officer No. 10

District File Number 10-39-652

Date Filed APR 11 1939

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, or by.....

Was Not Embalmed, Registered Apprentice No.....
working under my personal supervision.

Signed Fred G. Simpson

Licensed Embalmer No. 1420

P. O. Address Madison Mo

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.)

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