

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

33835  
Do not use this space.

**1. PLACE OF DEATH**

(a) County Wright Registration District No. 908  
 (b) Township 1 Primary Registration District No. 4549  
 (c) City Mt. Grove (d) Street No. \_\_\_\_\_ 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**

1612 Mrs. Cynthia M. Forbis  
 (a) Residence, No. Mt. Grove, Mo. St.  (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX Female 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 Joseph H. Forbis  
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 17, 1867  
 7. AGE YEARS 72 MONTHS 6 DAYS 11 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housekeeper  
 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) Miller County Mo.

MOTHER 13. NAME Anthony La Rue

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Pulaski County Mo.

MOTHER 15. MAIDEN NAME Danishka Wallas

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Netter County Mo.

17. INFORMANT (ADDRESS) Art Thomas Mt. Grove, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Bell Cemetery DATE Sept. 29, 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) Russell Barber Mt. Grove, Mo.

20. FILED 9-29-39 Bernice Montgomery Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 27, 1939  
 22. I HEREBY CERTIFY, That I attended deceased from Sept. 10, 1939, to Sept. 27, 1939. I last saw him alive on Sept. 27, 1939. Death is said to have occurred on the date stated above, at 7 a.m.  
 The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 7/20/39  
107A  
 Other contributory causes of importance: Bronchitis

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. G. Craig M.D.  
W. G. Craig (Address) 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.

114  
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RECEIVED

District Health Officer No. 6,

Case No. 1039-1955

Date filed OCT 5 1955

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 .....

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

Signed *Russell Barber*

Licensed Embalmer No. 3848

P. O. Address *Mt. Hope 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.**