

FILED JAN 25 1945

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATHDo not use this space 2372

1. PLACE OF DEATH

County StoneRegistration District No. 11465-6-4 341

File No.

Township

Primary Registration District No. 376430Registered No. 16

City

C 7 2 n e - 9 days

St.

Ward)

2. FULL NAME

Ada Marie De Forrest(a) Residence, No. 1

(Usual place of abode)

Reeds Spring

St.

Ward.

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 22 yrs.mos. 9 ds.

How long in U. S., if of foreign birth?

yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

Female

4. COLOR OR RACE

White5. SINGLE, MARRIED, WIDOWED, OR
DIVORCED (write the word)Married

5A. IF MARRIED, WIDOWED, OR DIVORCED

HUSBAND OF
(OR) WIFE OFWalter L. - 45

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct 22 - 1900

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.424 1/23168. Trade, profession, or particular
kind of work done, as spinner,
sawyer, bookkeeper, etc.Housewife9. 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
occupation12. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Rolla County
Missouri

13. NAME

W. J. Frazier14. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Tenn

15. MAIDEN NAME

Cordia Barry16. BIRTHPLACE (CITY OR TOWN)
(STATE OR COUNTRY)Greene County
Missouri17. INFORMANT
(ADDRESS)Walter De Forrest
Reeds Spring, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Locum Pent DATE 1-9-4319. UNDERTAKER
(ADDRESS)M. D. Brown
Carroll, Mo.

20. FILED

1-91943Shayman

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

January 8, 1943

22. I HEREBY CERTIFY that I attended deceased from

1939 January 7, 1943I last saw her alive on January 7, 1943 Death is saidto have occurred on the date stated above at 6:10 AM m.

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

Pneumonia Heart Disease.

Date of onset

?

Other contributory causes of importance:

Cardiac Decompensation
Calypso of Lungs.

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) A. P. Corretti

, M. D.

(Address) Carroll, 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.

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

RECEIVED

District Health Officer No. 6,

District File Number 145-105

Date Filed JAN 22 1945

John E. Myer
3220
Cassville, Mo.