

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.

JAN 7 9 1935

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

Do not use this space.

441113

87 PLACE OF DEATH
County Ray Registration District No. 742
Township P.O.D. Primary Registration District No. 5977a
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME John T. Forson
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

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) Dec 14 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
80 00 11

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) Ray Co, Missouri

MOTHER FATHER
13. NAME Charles Forson
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

MOTHER
15. MAIDEN NAME Emma Green
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Not known

17. INFORMANT Mrs. Elden Moss
(ADDRESS) Polo Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Vanderhiser Cem. DATE Dec 27 1934

19. UNDERTAKER Whitbaugh & Conroy
(ADDRESS) Polo Mo.

20. FILED Dec 27 1934 Edwin Shouse
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 25 1934

22. I HEREBY CERTIFY, That I attended deceased from Dec 19 1934, to Dec 25 1934
I last saw him alive on Dec 24 1934. Death is said to have occurred on the date stated above, at 8 A m.
The principal cause of death and related causes of importance were as follows:
Lobar Pneumonia (left side) Date of onset 12-19-34
109
958 / OB
Other contributory causes of importance:
Aricular Fibrillation do not know

Name of operation none Date of _____
What test confirmed diagnosis? Chrom 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) C. H. Wilson M. D.
(Address) Polo Mo.

