

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

Do not use this space.

16762

**1. PLACE OF DEATH**

County.....

Registration District No. **791**

File No.....

Township.....

Primary Registration District No. **1003**

Registered No. **4703**

City **St. Louis, Mo.**

(Name) **St. Louis Childrens Hosp.**

Ward.....

**2. FULL NAME** **Edward Forshee**

(a) Residence. No. **Bonne Terre, Mo.** **12** Ward.

(If nonresident give city or town and State)

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.

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX **Male** | 4. COLOR OR RACE **White -** | 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) **Infant.**

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) **5-11-26**

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
**2** **2** **11** **29**

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work  
(b) General nature of industry, business, or establishment in which employed (or employer)  
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) **St. Louis, Mo.**  
(STATE OR COUNTRY)

10. NAME OF FATHER **F. M. Forshee**

11. BIRTHPLACE OF FATHER (CITY OR TOWN) **Iron Mt. Mo.**  
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER **Edna Arnold**

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) **Bonne Terre Mo.**  
(STATE OR COUNTRY)

14. INFORMANT **B. Wiedmer**  
(Address) **St. Louis Childrens Hosp**

15. FILED **1927** **Mar 6** **Starkloff**  
19 **REGISTRAR**

**2 MEDICAL CERTIFICATE OF DEATH**

16. DATE OF DEATH (MONTH, DAY AND YEAR) **5-10-1927**

17. I HEREBY CERTIFY, That I attended deceased from **5-9-1927**, to **5-10-1927**, that I last saw h.l.m. alive on **5-10-1927**, and that death occurred, on the date stated above, at **2:30 a.m.**

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

**Interruption - (large bowel)**  
**122B**  
**118 B1** (duration) yrs. mos. & ds.  
CONTRIBUTORY **Intestinal Obstruction**  
(SECONDARY) (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH? **Bonne Terre Mo.**

1 DID AN OPERATION PRECEDE DEATH? **Yes** DATE OF **5-9-27.**

WAS THERE AN AUTOPSY? **No**

WHAT TEST CONFIRMED DIAGNOSIS? **Operation.**  
(Signed) **Myron W. Davis**, M. D.

**5-10, 1927** (Address) **St. Louis Childrens Hosp.**

\*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL DATE OF BURIAL

**Bonne Terre Cemetery** **May 10 1927**

20. UNDERTAKER **P. A. Benham** ADDRESS **Bonne Terre**

WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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