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.

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

Do not use this space.
38840

1. PLACE OF DEATH

County..... Registration District No. 791
Township..... Primary Registration District No. 1003
City Kansas City (No. 1312 Walnut St., Ward)

File No.....
Registered No. 11576

2. FULL NAME John Forir (FORIR)

(a) Residence. No. 1328 Menard St., 23 Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 27 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): Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec 29 1882

7. AGE: Years 45 Months 11 Days 28 If less than 1 day, ...hrs. or ....min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Lower Railway Express
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer " " "

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Germany

PARENTS
10. NAME OF FATHER: Nick Forir
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Germany
12. MAIDEN NAME OF MOTHER: Ellen Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Germany

14. INFORMANT: Hospital Information
(Address): City Hospital

15. FILED DEC 26 1927 19..... Mark E. Starkoff REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Dec 25 1927

17. I HEREBY CERTIFY, That I attended deceased from Dec 14 1927 to Dec 25 1927 that I last saw him alive on Dec 25 1927 and that death occurred, on the date stated above, at 1:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic myocarditis
936
RAD 9015
.....(duration).....yrs.....mos.....ds.

CONTRIBUTORY (SECONDARY) Paralysis of both lower extremities
.....(duration).....yrs.....mos.....ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) Robert A. Duggan, M. D.
12/25/19 (Address) City Hospital

*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: St. Matthews Cemetery
DATE OF BURIAL: 12/27 1927

20. UNDERTAKER: Katz Brothers
ADDRESS: 3029 Lafayette

Fonir.