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

Do not use this space.

23456

AUG 26 1930

1. PLACE OF DEATH
County Lincoln — Registration District No. 491 — File No.
Township — Primary Registration District No. 4298 — Registered No. 30
City Troy (No. ..... St. ..... Ward)

2. FULL NAME Josephine Forst
(a) Residence. No. ..... St., ... Ward. ..... (If nonresident give city or town and State)
(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.

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 26 - 1886

7. AGE: Years 64 — Months — Days 23 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: House Wife
(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): Austria

PARENTS
10. NAME OF FATHER: Joseph Tekvart
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Austria
12. MAIDEN NAME OF MOTHER: Lout Kim
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Austria

14. INFORMANT: Mrs C Martinich
(Address): Troy, Mo

15. FILED 7/23, 1930 — M P Smith, REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 23 1930

17. I HEREBY CERTIFY, That I attended deceased from June 15, 1930, to July 23, 1930, that I last saw her alive on July 22, 1930, and that death occurred, on the date stated above, at 2:54 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Hemorrhage of bowels
131
123 B (duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY): Chronic Nephritis
(duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? 124 A
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) L. Endleton, M. D.
, 19 (Address) Troy Mo.

*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: Millwood Cemetery — DATE OF BURIAL: July 24 1930

20. UNDERTAKER: Kemper Bros — ADDRESS: Troy 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.