WRITE PLAINLY, 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.

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

Do not use this space.
24972

1. PLACE OF DEATH
County Jackson — Registration District No. 399
Township Kaw — Primary Registration District No. 1002 — File No. 2968
City K. C. Mo (No. 1651, Bristol St. Ward) — Registered No.

2. FULL NAME John V. Forrester
(a) Residence, No. 1651 Bristol St., 18 Ward.
(Usual place of abode) (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: M
4. COLOR OR RACE: W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Amelia Forrester
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): July 4 - 1869
7. AGE: YEARS 62 — MONTHS 0 — DAYS 2 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Plaster
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): Cleveland Ohio

FATHER
13. NAME: John Forrester
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Jennett Killpatrick
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

17. INFORMANT (ADDRESS): Maude A. Smith 5832 Perry
18. BURIAL, CREMATION, OR REMOVAL
PLACE Mt Washington DATE July 8 1931
19. UNDERTAKER (ADDRESS): Rose & Henderson 4139 E 13 th
20. FILED July 7 1931 M. M. Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 6, 1931
22. I HEREBY CERTIFY, That I attended deceased from Deputy Coroner, to ....., 19....
I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 7.20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Cancer Stomach	
46B	
46B	

Other contributory causes of importance: —

Name of operation ..... Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? Yes

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) Stanley M. Hall, M. D.
(Address) Deputy Coroner

1516
Bristol
Dr Brown