

Forrester

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

Do not use this space.

987

1. PLACE OF DEATH

County Jackson Registration District No. 300 File No. _____
Township Kaw Primary Registration District No. 200 Registered No. 25
City Kansas City (No. St. Joseph Hospital) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 2641 Chestnut St. 11 Ward. _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

2 MEDICAL CERTIFICATE OF DEATH

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

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-4- 1932

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

22. I HEREBY CERTIFY, That I attended deceased from 12-24- 1931, to 1-4- 1932

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 13, 1852.

I last saw h. alive on 1-4- 1932 Death is said to have occurred on the date stated above, at 5:55 p.m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
79 9 Mo 21

The principal cause of death and related causes of importance were as follows:

Bronchial Pneumonia Date of onset 12-23-31?

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Other contributory causes of importance? Senility

12. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY) 1

13. NAME George Forrester

14. BIRTHPLACE (CITY OR TOWN) Missouri (STATE OR COUNTRY)

15. MAIDEN NAME Unkno wn

16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) 31

17. INFORMANT Mrs. J. P. Colvin (ADDRESS) 2641 Chestnut

18. BURIAL, CREMATION, OR REMOVAL PLACE Baring, Mo. DATE 1/5/32 19.

19. UNDERTAKER Melody-McGilley (ADDRESS) Kansas City Mo.

20. FILED Jan 5 1932 M. M. Corone Registrar.

Name of operation none Date of _____

What test confirmed diagnosis? _____ 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) Chas. C. McHale, M. D.

(Address) 5400 Indep. Ave.

R. W. R. R.