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

Do not use this space.
24417
3007

File No.
Registered No.

1. PLACE OF DEATH
County: Jackson
Registration District No.: 3
Township: Ward
Primary Registration District No.:
City: Kansas City (No. K. C. General Hosp. St. Ward)

2. FULL NAME: Forbes S. Dey
(a) Residence, No. 5639 Telmer St., 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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Oct 7 (UNK)

7. AGE: About 61 YEARS; MONTHS; DAYS; IF LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Beagler
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: P-A auto
10. Date deceased last worked at this occupation (month and year): 23
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Aberdeen Scotland

FATHER
13. NAME: Wrynpurs Day
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (ADDRESS): Reuna Clark (K C Gen Hosp KCMo)

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Cremation DATE: July 7, 1934

19. UNDERTAKER (ADDRESS): J. W. Rickenney Bros 1211 E 9th St

20. FILED: 7-7, 1934 M M Crowe asst Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 7-6, 1934

22. I HEREBY CERTIFY, That I attended deceased from 7-3, 1934 to 7-6, 1934
I last saw him alive on 7-6, 1934 Death is said to have occurred on the date stated above, at 2:30 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalomalacia;	
Arterio Sclerosis	

Other contributory causes of importance:
Terminal Broncho-pneumonia

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) A. Dale Mamer, M. D.
(Address) Asst Supt K C Gen Hosp KCMo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

AUG 21 1934