

JAN 29 1937

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

Do not use this space.

44196

## 1. PLACE OF DEATH

 County Cole  
 Township Taos  
 City Taos (No. \_\_\_\_\_)

 Registration District No. 213  
 Primary Registration District No. 5293

 File No. \_\_\_\_\_  
 Registered No. 246  
 St. \_\_\_\_\_ Ward \_\_\_\_\_
2. FULL NAME Mrs. Adelaide Forck
 (a) Residence, No. Taos, Mo. 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widow

 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Herman Forck
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 18, 1851
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
85 6 24

 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. At home  
 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) Germany13. NAME Bernard Rackers14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany15. MAIDEN NAME Anna Marie Mueller16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany17. INFORMANT Mrs. Albert Prenger  
(ADDRESS) Taos, Mo.18. BURIAL, CREMATION, OR REMOVAL PLACE Taos, Mo. DATE Dec. 15, 193619. UNDERTAKER Heinrichs Funeral Home  
(ADDRESS) Jefferson City, Mo.20. FILED 12/14/36 W. A. Meyer  
Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 12, 1936
 22. I HEREBY CERTIFY, That I attended deceased from Dec 10 1936 to Dec 12 1936  
 I last saw her alive on Dec 12, 1936 Death is said to have occurred on the date stated above, at 5 P m.

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

Chronic bronchitis complicated by broncho pneumonia

Date of onset

Other contributory causes of importance:

 Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

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) L. A. Meyer, M. D.
(Address) Jefferson City Mo

