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.

JAN 19 1937

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

Do not use this space.

1. PLACE OF DEATH
County Greene — Registration District No. 318 — File No. 44447
Township — Primary Registration District No. 2001 — Registered No. 1076
City Springfield (No. 520, S. Jefferson St. Ward)

2. FULL NAME David Leo Forsythe or David L. Forsythe
(a) Residence, No. 520 S. Jefferson St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male ~~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~~ Mary Forsythe

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 27, 1864

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
✓	72	8	28	

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired Frisco Man
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) Lonoke Ark

FATHER
13. NAME Brias Forsythe
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

MOTHER
15. MAIDEN NAME Ellen Umstaeker
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ark

Corr. Sec. Mo. Bd. Fallen Ark

17. INFORMANT (ADDRESS) Mrs. Mary Forsythe 520 S Jefferson St. Springfield, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Memphis, Tenn. DATE Dec 27, 1936

19. UNDERTAKER (ADDRESS) F. E. Thieme Springfield, Mo.

20. FILED Dec 27, 19.. Chas A George MD Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 25, 1936

22. I HEREBY CERTIFY, That I attended deceased from Dec, 1934, to 12/25, 1936
I last saw him alive on 12/20, 1936. Death is said to have occurred on the date stated above, at 12 45 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Angina pectoris	1932
Other contributory causes of importance: Diabetes	?

59

Name of operation ..... 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) G. B. Lemmon, M. D.
(Address) Springfield Mo

SEP 22 1949

DEC 9 1949

STATE OF TENNESSEE

COUNTY OF SHELBY

Personally appeared before me, the undersigned, a Notary Public in and for said State and County, duly commissioned and qualified and acting, who first being duly sworn, states on oath that he is a resident of Memphis, Tennessee and that he had known David Leo Forsythe for a number of years prior to his death, and that David Leo Forsythe and David L. Forsythe, in whose name certain U. S. Treasury bonds were issued was one and the same person.

Sworn to and subscribed before me this 19th day of September, 1945

Notary Public

My Commission Expires:

January 20, 1947

1936
S-44447