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.

APR 16 1937

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

Do not use this space.

1. PLACE OF DEATH
County Cape County — Registration District No. 125 — File No. 11436
Township — Primary Registration District No. 3009 — Registered No. 81
City Cape Girardeau Mo. (No. ..... St. ..... Ward)

2. FULL NAME Baby (Girl) Forte (Colored) Annetta Forte
(a) Residence, No. Painton - Mo St., ... Ward. Painton Mo.
(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: Colored.
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): —
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF —
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2nd 1937
7. AGE: YEARS | MONTHS | DAYS 10 days | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
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) Painton Mo. R.R. I Missouri

FATHER
13. NAME Mr. Everett Forte.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Forrest City, Arkansas

MOTHER
15. MAIDEN NAME Altha May Jackson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Little Rock, Arkansas

17. INFORMANT (ADDRESS) Everette Fort Cape Mo (Painton)
18. BURIAL, CREMATION, OR REMOVAL
PLACE McMullin, Mo. DATE 3-13 1937
19. UNDERTAKER (ADDRESS) Mr. Clyde, Oran, Mo.
20. FILED 3-11 1937 J. M. Thompson Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-11- 1937
22. I HEREBY CERTIFY, That I attended deceased from 3-4 1937, to 3-11-3 1937
I last saw h. ~~[illegible]~~ alive on March 11th 1937 Death is said to have occurred on the date stated above, at 9:30 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	3-9-37

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Other contributory causes of importance:
Imperforate Anus

Name of operation Colostomy Date of 3-4-37
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) [illegible], M. D.
(Address) Cape Girardeau Mo