

Dr. L.A. Meyer

JUL 27 1937

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

Do not use this space.

1. PLACE OF DEATH
26 County Cole Registration District No. 213 File No. 23529
Township _____ Primary Registration District No. 5393 Registered No. 185
City Taos (No. 2) St. _____ Ward _____

2. FULL NAME John Joseph Forck
(a) Residence, No. Taos, Mo. St. _____ Ward _____
(Usual place of abode)
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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 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 Mrs. Maggie Forck

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 3, 1885

7. AGE YEARS MONTHS DAYS IF LESS than 1 day,hrs. ormin.
31 51 10 6

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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) Taos, Mo.

13. NAME Bernard Forck

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taos, Mo.

15. MAIDEN NAME Margaret Rackers

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Germany

17. INFORMANT Mrs. Maggie Forck (ADDRESS) Taos, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Taos, Mo. DATE June 11, 1937

19. UNDERTAKER Heinrichs Funeral Home (ADDRESS) Jefferson City, Mo.

20. FILED 6/9/1937 Subscribed for M.D. Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 9, 1937

22. I HEREBY CERTIFY, That I attended deceased from 12/3 1937, to June 9 1937
I last saw him alive on June 8 1937 Death is said to have occurred on the date stated above, at 1215 A.
The principal cause of death and related causes of importance were as follows:
mitral regurgita
tion Date of onset _____

Other contributory causes of importance: 920

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

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.

OCCUPATION FATHER MOTHER

1940

1941

1942

1943

1944

1945

1946

1947

1948

1949

1950

1951

1952