

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

Do not use this space.

1. PLACE OF DEATH **DEC 20 1937**
 County Jackson Registration District No. 399
 Township Kaw Primary Registration District No. 1002
 City Kansas City (No. 2927 Harrison) St. _____ Ward _____

File No. 40458
 Registered No. 4872

2. FULL NAME John William Forsythe
 (a) Residence, No. 2927 Harrison 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) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Gibson Forsythe
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) November 6, 1861
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
76 0 19
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Tailor
 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

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) November 25, 1937
 22. I HEREBY CERTIFY, that I attended deceased from May 1, 1936 to Nov 25, 1937
 I last saw him alive on Nov 25, 1937 Death is said to have occurred on the date stated above, at _____ P. m. 4:50
 The principal cause of death and related causes of importance were as follows:

Cerebral hemorrhage Date of onset Nov 1-37
95 B
 Other contributory causes of importance: Cardio-Renal disease 5/1/36

Name of operation none Date of _____
 What test confirmed diagnosis? pharynx 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) B. Matting, M. D.
 (Address) 1003 Thompson Bldg
Kansas

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri
 13. NAME Hugh L. Forsythe
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky
 15. MAIDEN NAME Mary Virginia Blunt
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia
 17. INFORMANT E. B. Forsythe
 (ADDRESS) 5412 Euclid Ave., Kansas City, Mo.
 18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bonville Mo DATE 11-27-37
 19. UNDERTAKER Stine & McClure
 (ADDRESS) 3235 Gillham Plaza
 20. FILED Nov 27, 1937 M. M. Brown
 Registrar.

WRITE PLAINLY WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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