REC'D FEB 25 1939

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

3159
Do not use this space.

1. PLACE OF DEATH
(a) County Monroe
(b) Township Monroe
(c) City Holliday
(d) Street No. ..... St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registration District No. 578
Primary Registration District No. 5776 A
Registered No. .....

2. PRINT FULL NAME 623 Rosa Ellen Forsythe
(a) Residence, No. ..... St. ☐ .....
(Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female
4. COLOR OR RACE white
5. ~~SINGLE, MARRIED~~, WIDOWED, OR ~~DIVORCED~~ (*write* the word) widowed
5A. IF ~~MARRIED~~, WIDOWED, OR ~~DIVORCED~~ ~~HUSBAND~~ OF (OR) WIFE OF Doc Forsythe
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1/19/1885
7. AGE YEARS 54 MONTHS 11 DAYS 16 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at home
9. Industry or business in which work was done, as 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) Monroe Co. Mo

FATHER
13. NAME Henry T. Smith
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

MOTHER
15. MAIDEN NAME Nancy E. Sparks
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England

17. INFORMANT (ADDRESS) Anna Mae Peters Holliday, Mo.
18. BURIAL, CREMATION, OR REMOVAL
PLACE Holliday DATE 1/16 1939
19. FUNERAL DIRECTOR (NAME) Brook Thompson (ADDRESS) Madison Mo
20. FILED 1/16 1939 Mrs Brook Thompson
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) January 15, 1939
22. I HEREBY CERTIFY, That I attended deceased from ✓, 19..., to ✓, 19...
I last saw h ✓ alive on ✓, 19... Death is said to have occurred on the date stated above, at 7 45 m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Natural Causes	Jan 14/39

Other contributory causes of importance: 200 N

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) Russell M. Wilson Coroner
(Address) Monroe City Mo

(Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. ... so that it may be properly classified.

RECEIVED
District Health Officer No. 10
District File Number 10-39-136
Date Filed FEB 14 1939

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Mrs Fred Thompson, or by

Registered Apprentice No. ....., working under my personal supervision.

Signed Mrs Fred Thompson

Licensed Embalmer No. 3282

P. O. Address Madison N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.