FILED SEP 15 1942

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

Do not use this space.

27564

1. PLACE OF DEATH
County Lawrence — Registration District No. ~~475~~ 175 — File No. 55
Township Springriver — Primary Registration District No. ~~5639~~ 5656 — Registered No. 105
City Verona (No. Verona Hospital St. Ward)

2. FULL NAME Gordon Forrester

(a) Residence, No. R.F.D. # 2 Aurora Mo. 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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF
(OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 4-1926

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
16	1	8	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Student
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) Lawrence County (STATE OR COUNTRY) Missouri

FATHER

13. NAME Ed Forrester
14. BIRTHPLACE (CITY OR TOWN) Stone County (STATE OR COUNTRY) Missouri

MOTHER

15. MAIDEN NAME Hannah Feaster
16. BIRTHPLACE (CITY OR TOWN) Lawrence County (STATE OR COUNTRY) Missouri

17. INFORMANT Ed Forrester (ADDRESS) R.#2 Aurora Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Aurora Mo. DATE Aug. 16 1942

19. UNDERTAKER J. H. King (ADDRESS) Aurora Mo.

20. FILED Aug 16 1942 Eunice Greene Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 12 1942

22. I HEREBY CERTIFY, That I attended deceased from August 12, 1942 to August 12, 1942
I last saw him alive on August 12, 1942. Death is said to have occurred on the date stated above, at 11:20 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Peritonitis	

Other contributory causes of importance: Septicemia

Name of operation Appendectomy Date of 8-12-42
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?
If so, specify

(Signed) F. Avery Walton M. D.
(Address) Verona, Missouri.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

RECEIVED
District Health Officer No. 6,
District File Number 942-1393
Date Filed SEP 11 1942

Herman Sumrage
License # 3072
Aurora Mo.