

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.

Feb 27 1934

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

Do not use this space.

2329

1. PLACE OF DEATH  
 County St. Francois Registration District No. 773  
 Township St. Francois Primary Registration District No. 6018A  
 City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME (Un named) Forber  
 (a) Residence, No. Farmington Missouri R#1 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) Jan 20 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
0 0 0 5 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) Farmington, Route #1 Missouri

FATHER  
 13. NAME Alvin Forber 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Farmington, Route #1 Missouri

MOTHER  
 15. MAIDEN NAME Adeline Biesen 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New Appleberry Missouri

17. INFORMANT Alvin Forber (ADDRESS) Farmington Missouri R#1

18. BURIAL, CREMATION, OR REMOVAL  
 PLACE Korber Farm DATE Jan 24 1934

19. UNDERTAKER none (Family) (ADDRESS) 1206 Farmington Mo

20. FILED Jan 31 1934 T. J. Robison Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Jan. 20, 1934, to Jan 20, 1934  
 I last saw him alive on Jan 20, 1934. Death is said to have occurred on the date stated above, at 6:35 am.  
 The principal cause of death and related causes of importance were as follows:  
Premature Birth  
7 months  
159  
 Other contributory causes of importance:  
159

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
 What test confirmed diagnosis? Clinical. 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?  
 If so, specify \_\_\_\_\_  
 (Signed) R. Appleberry, M. D.  
 (Address) Farmington, Mo

