

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.

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

Do not use this space.

DEC 17 1935

35385

1. PLACE OF DEATH

County Cape Girardeau
Township Cape Girardeau
City CAPE GIRARDEAU

Registration District No. 126
Primary Registration District No. 3009
(No. 101 S Benton)

File No. _____
Registered No. 324
St. _____ Ward _____

2. FULL NAME

Gus Fornkahl.

(a) Residence, No. 101 S Benton-Cape Girardeau, MO.
(Usual place of abode)

Cape Gir. RFD #3
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 10 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 Oradee McLean

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Nov-8-1882

7. AGE YEARS 53 MONTHS 0 DAYS 3
If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Egypt Mills Mo

13. NAME Wes Fornkahl Sr

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

15. MAIDEN NAME Mary Frank

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cape Girardeau Mo

17. INFORMANT (ADDRESS) Mr Wes Fornkahl Cape Girardeau Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kenner Cem DATE Nov-13 1935

19. UNDERTAKER (ADDRESS) Hanning Funeral Home Cape Girardeau Mo

20. FILED 11-11-1935 Jim Thompson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11/11/35 1935

22. I HEREBY CERTIFY That I attended deceased from 6/4/35 1935 to 11/11/35 1935.
I last saw him alive on 11/10/35 1935. Death is said to have occurred on the date stated above, at 3 A.M.
The principal cause of death and related causes of importance were as follows:

Acute Endo-Carditis, of 6 months duration.
Bronchial Asthma, 3 years duration.

Other contributory causes of importance:
Thrombosis of right femoral vein, following operation for strangulated inguinal Hernia.
Herniotomy Date of 8/25/35
Name of operation _____ Date of _____
What test confirmed diagnosis? AUTOPSY Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1935
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 another of deceased? no
If so, specify John D. Porterfield, M.D.
(Signed) John D. Porterfield M. D.
(Address) Cape Girardeau MO.

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