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

Do not use this space.

11339

File No.

Registered No.

1. PLACE OF DEATH
County St. Francois Registration District No. 779
Township Randolph Primary Registration District No. 6024a.
City Cantwell (No. , St. Ward)

2. FULL NAME John Thomas Forshee

(a) Residence, No. Cantwell 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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	white	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 9-1866

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ...min.
	64	8	18	

OCCUPATION

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) Missouri !

FATHER

13. NAME Jim Forshee

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

MOTHER

15. MAIDEN NAME Nancy Oakley

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent Mo. ?

17. INFORMANT (ADDRESS) Lee Forshee Cantwell Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Herod DATE Mar. 29 1931

19. UNDERTAKER (ADDRESS) C. J. Boyer Dertaker Fano.

20. FILED 3-29- 1931 N. B. Slater Registrar.

MEDICAL CERTIFICATE OF DEATH

2

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/27 1931

22. I HEREBY CERTIFY, That I attended deceased from 3/27 1931, to 3/27 1931
I last saw h~~is~~ alive on 3/27/31, 19~~35~~. Death is said to have occurred on the date stated above, at 6 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Acute Valvular heart disease	
Chronic Bronchial asthma	
92	
1 12	

Other contributory causes of importance:

Name of operation? Date of
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) W. M. Tuell, M. D.
(Address) Leadwood Mo

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

APR 27 1931