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R.D. Nashold

R. D. Nashold, Ph. D.  
State Registrar

Date: March 20, 1979

1 PLACE OF DEATH  
 County Monroe  
 Township Lincoln  
 or  
 Village  
 or  
 City (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)  
 (If death occurred in a hospital or institution give its NAME instead of street and number.)

STATE OF WISCONSIN  
 Department of Health—Bureau of Vital Statistics  
 ORIGINAL CERTIFICATE OF DEATH  
 Registered No. 3  
 MAY 8 - 1931

2 FULL NAME Charles Henry Forbes  
 (a) Residence. No. Nakosau Wis 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					MEDICAL CERTIFICATE OF DEATH	
3 SEX <u>M</u>	4 COLOR OR RACE <u>W</u>	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word) <u>widowed</u>			16 DATE OF DEATH <u>April 16, 1931</u> (Month) (Day) (Year)	
6a If married, widowed, or divorced HUSBAND of (or) WIFE of					17 I HEREBY CERTIFY, That I attended deceased from <u>April 14, 1931</u> , to <u>April 16, 1931</u> that I last saw him alive on <u>11 14, 1931</u> and that death occurred on the date stated above, at <u>12:30 p.m.</u>	
6 DATE OF BIRTH (month, day and year)					The CAUSE OF DEATH* was as follows: <u>Influenza</u>	
7 AGE	Years	Months	Days	If LESS than 1 day, _____ hrs. or _____ min.		
<u>94</u>		<u>8</u>	<u>14</u>			
8 OCCUPATION (a) Trade, profession, or particular kind of work. <u>Lumberman</u> (b) General nature of industry, business, or establishment in which employed or (employer)					(Duration) _____ yrs. _____ mos. _____ dys.	
9 BIRTH PLACE (State or country) <u>Water Town N.Y.</u>					Contributory (SECONDARY) <u>Old age</u> (Duration) _____ yrs. _____ mos. _____ dys.	
PARENTS	10 NAME OF FATHER <u>Rudolph Forbes</u>				18 Where was disease contracted if not at place of death? <input checked="" type="checkbox"/>	
	11 BIRTHPLACE OF FATHER (State or country) <u>England</u>				Did an operation precede death? <u>no</u> Date of _____	
	12 MAIDEN NAME OF MOTHER <u>Margaret Beyer</u>				Was there an autopsy? <u>no</u>	
	13 BIRTHPLACE OF MOTHER (State or country) <u>Pa</u>				What test confirmed diagnosis? <u>Clinical</u>	
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant) <u>Mrs Richard Rozin</u> (Address) <u>Warrens Wis</u>					(Signed) <u>J.S. Seidel</u> , M. D. <u>April 19, 1931</u> (Address) <u>Warrens Wis</u>	
15 Filed <u>May 4, 1931</u> <u>G. J. Kristman</u> REGISTRAR Filed _____ 19____ SUB-REGISTRAR					* State the disease causing death, or in deaths from VIOLENT CAUSES state (1) means and nature of injury; and (2) whether accidental, suicidal or homicidal. (See reverse side for additional space.)	
16					19 PLACE OF BURIAL, CREMATION OR REMOVAL <u>Armenia Wis</u> DATE OF BURIAL <u>April 19, 1931</u>	
20 UNDERTAKER <u>Dr. V. V. ...</u>					ADDRESS <u>Nakosau Wis</u>	