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.

UNFADING INK—THIS IS A PERMANENT RECORD

JUN 27 1931

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

Do not use this space.
18681

1. PLACE OF DEATH
County Marion
Registration District No. 548
Township Liberty
Primary Registration District No. 4328
File No.
Registered No. 31
City Palmyra (No. , St. Ward)

2. FULL NAME Forrest Nathaniel Hale

(a) Residence, No. St., Ward. (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 26 yrs. 3 mos. 4 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	Negro	Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 22, 1905

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	26	3	4	

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. Laborer 291

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) Palmyra, Missouri

FATHER
13. NAME George Hale
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) No record

MOTHER
15. MAIDEN NAME Hulda Marshall
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Knoxville, Ill.

17. INFORMANT Mrs. Hulda Marshall
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra, Cemetery DATE 5/29/31 19

19. UNDERTAKER Lewis Bros
(ADDRESS) Palmyra, Missouri

20. FILED 6/28 1931 O. Stauffer Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-26-1931

22. I HEREBY CERTIFY, That I attended deceased from —, 19—, to —, 19

I last saw him alive on —, 19 — Death is said to have occurred on the date stated above, at 11 P m.

The principal cause of death and related causes of importance were as follows: Date of onset

Alcohol poison

75

Other contributory causes of importance:

5

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) James O'Donnell Lowrey M. D.
(Address) Hannibal Mo.