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

Do not use this space.

27089

1. PLACE OF DEATH

70 County Montgomery — Registration District No. 592

5 Township — Primary Registration District No. 4250

2 City Montgomery (No. ..., ... St. ..... Ward)

File No. .....

Registered No. .....

2. FULL NAME Alfred Forest

(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 15 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: Colored

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Georgia Jennings

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 3/7/1902

7. AGE: YEARS 31 — MONTHS 5 — DAYS 5 — If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Laborer

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): Portland Mo

FATHER

13. NAME: William Forest

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Mineola Mo

MOTHER

15. MAIDEN NAME: Artie Hiptkins

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Callaway Co ~~Callay Co~~ Mo

17. INFORMANT (ADDRESS): Mrs Wm Forest, Montgomery City Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE: Danville Mo — DATE: 8/14/33, 19

19. UNDERTAKER (ADDRESS): C. W. Hopkins, Montgomery City Mo

20. FILED Aug 15, 1933 — D. J. Bentley, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 8/12/33, 19

22. I HEREBY CERTIFY, That I attended deceased from Aug. 11, 1933, to Aug. 12, 1933

I last saw him alive on Aug. 12, 1933 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:

Gunshot wound of abdomen.

Date of onset

Other contributory causes of importance:

Name of operation: None — Date of .....

What test confirmed diagnosis? Phys. Ex. Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Homicide — Date of injury Aug. 11, 1933

Where did injury occur? Montgomery City, Mo. (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place. In the street

Manner of injury: Shot by a pistol

Nature of injury: Gunshot wound of abdomen

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify .....

(Signed) Brill Meyer, M. D.

(Address) Montgomery City, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

AUG 26 1933

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