AUG 26 1937

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

Do not use this space.

1. PLACE OF DEATH
County Montgomery
Township
City Montgomery City (No. ..... St. ..... Ward)

Registration District No. 592
Primary Registration District No. 4350

File No. 27864
Registered No. 13

2. FULL NAME CHARLEY FORREST

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Josephene Forrest

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 5-1905

7. AGE: 37 — YEARS: 32 — MONTHS: 1 — DAYS: 8 — 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) July 12-1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Portland Mo.

FATHER
13. NAME: Wm FORREST
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): MONTGOMERY COUNTY Mo.

MOTHER
15. MAIDEN NAME: ARTIE MAY HIPKINS
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): PORTLAND Mo.

17. INFORMANT (ADDRESS): Josephene Forrest, Montgomery City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Gregory Cemetary DATE: July 15, 1937

19. UNDERTAKER (ADDRESS): F. Wedwell, Montgomery City Mo.

20. FILED July 14, 1937 Bruce Menifee, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): July 13, 1937

22. I HEREBY CERTIFY, That I attended deceased from ....., 19...., to ....., 19....
I last saw him alive on Sudden Death. Death is said to have occurred on the date stated above, at 2:30 a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Alcoholic Poisoning (unspecified - beer - wellisky - alcohol)	7-13-37
Other contributory causes of importance: Chronic Alcoholism	?

Name of operation: None Date of .....
What test confirmed diagnosis? ..... Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no Accidental Date of injury 7-12-1937
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. home + Colored Restaurant
Manner of injury: Alcohol - Self induced
Nature of injury: Poisoning

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) E. J. T. Andersen, M. D.
(Address) Montgomery City, Mo
Coroner of Montgomery County

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