

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

Do not use this space.

REC'D FEB 24 1939

**1. PLACE OF DEATH**

County Marion  
 Township Marion  
 City Hannibal

Registration District No. 547  
 Primary Registration District No. 3079  
 (No. ST. ELIZABETH HOSPITAL)

File No. 3080  
 Registered No. 9  
 St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME** 623 William Edward Forrest

(a) Residence, No. 208 S. 10th 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec-28-1872

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
65 11 2

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

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) ST. LOUIS (STATE OR COUNTRY) MO

13. NAME Lawrence Forrest

14. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY) 1

15. MAIDEN NAME Mary Ramsey

16. BIRTHPLACE (CITY OR TOWN) Paris (STATE OR COUNTRY) 1

17. INFORMANT Mary Forrest (ADDRESS) 208 S. 10th, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Home Burial DATE 12-3-38

19. UNDERTAKER James O'Donnell (ADDRESS) Hannibal, Mo

20. FILED Jan 4, 1939 W. Crispen Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) NOV. 30th 1938

22. I HEREBY CERTIFY, That I attended deceased from Nov 26, 1938 to Nov 30, 1938

I last saw him alive on Nov 30, 1938 Death is said to have occurred on the date stated above, at 7 m.

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

Bilateral Lobar pneumonia

Other contributory causes of importance: 108

Name of operation None Date of \_\_\_\_\_

What test confirmed diagnosis? Chesal Was there an autopsy? No

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? No If so, specify \_\_\_\_\_

(Signed) Raymond J. Murphy M. D. (Address) Hannibal, 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 very important.

