

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

PLACE OF DEATH

County Richmond
Township Tyler
or
Village
or
City _____ (NO. _____ St.; _____ Ward)

Registration District No. 359
Primary Registration District No. 6370

File No. 30501
Registered No. 17

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Charles Morrison

PERSONAL AND STATISTICAL PARTICULARS

SEX Male COLOR OR RACE White SINGLE MARRIED WIDOWED OR DIVORCED Single
(If write the word)

DATE OF BIRTH April 8, 1876
(Month) (Day) (Year)

AGE 35 yrs. 6 mos. 25 ds. IF LESS than 1 day, _____ hrs. or _____ min.?

OCCUPATION (a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer) farm work

BIRTHPLACE (City or town, State or foreign country) Laclede Mo

PARENTS NAME OF FATHER Samuel Morrison
BIRTHPLACE OF FATHER (City or town, State or foreign country) Ohio
MAIDEN NAME OF MOTHER Clarisa Buzzard
BIRTHPLACE OF MOTHER (City or town, State or foreign country) Illinois

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE
(Informant) Clarisa Morrison
(ADDRESS) Belton Mo

Filed Oct. 21, 1910 W.C. Gentry
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH October 14, 1910
(Month) (Day) (Year)

I HEREBY CERTIFY, that I attended deceased from Sept-30, 1910, to Oct-14, 1910, that I last saw him alive on Oct-14, 1910, and that death occurred, on the date stated above, at 8⁰⁰ P. M.

The CAUSE OF DEATH* was as follows:

Typhoid Fever
(Duration) _____ yrs. _____ mos. 25 ds.

Contributory (SECONDARY) _____
(Duration) _____ yrs. _____ mos. _____ ds.

(Signed) A.D. Johnston M. D.
Oct-14, 1910 (Address) Wheatland Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death _____ yrs. _____ mos. _____ ds. In the State _____ yrs. _____ mos. _____ ds.

Where was disease contracted if not at place of death? _____

Former or usual residence _____

PLACE OF BURIAL OR REMOVAL Gardner Cemetery DATE OF BURIAL Oct. 12, 1910

UNDERTAKER Charles Marston ADDRESS Wheatland Mo

Every item of information should be carefully supplied. AGE should be given in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

WRITE PLAINLY, WITH UNF...

