

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

Do not use this space.

20331

1. PLACE OF DEATH

County Saline
Township Cambridge
City Wm Agnes Morrison

Registration District No. 799
Primary Registration District No. 6037B

File No. _____
Registered No. 52
St. _____ Ward _____

2. FULL NAME

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

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. (If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct-10-09

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
17 | 8 | 16 | _____ | _____

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Clayton
(STATE OR COUNTRY) Okla. Oklahoma

10. NAME OF FATHER J. A. Morrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Saline Co
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Nora Agnes

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Saline Co,
(STATE OR COUNTRY)

14. INFORMANT J. A. Morrison
(Address) Gilberton Mo.

15. FILED 6 27 27 W M Tuttle
19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June-26-27

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
from accidental
stranding 183 M. R. W. injury

CONTRIBUTORY (SECONDARY) 182
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED _____

IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____

WAS THERE AN AUTOPSY? _____

WHAT TEST CONFIRMED DIAGNOSIS? _____

(Signed) P. A. Jenkins, J. P.
, 19 (Address) Saline Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL _____ DATE OF BURIAL _____

Gilberton Mo June 28 1927

20. UNDERTAKER Jones & Salzer ADDRESS Saline 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 is very important.

MISSOURI STATE BOARD OF HEALTH

A. J. ...

... ..

... ..

... ..

... ..

... ..

... ..

... ..