

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

Do not use this space.

32912

1. PLACE OF DEATH

County Cape Girardeau Registration District No. 125
 Township St. Louis Primary Registration District No. 3009
 City St. Louis (No. 11) St. St. Louis Ward 11

File No. 970
 Registered No. _____

2. FULL NAME

(a) Residence. No. Red Star 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED Married
(write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) March 15 1859

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
<u>68</u>	<u>8</u>	<u>11</u>		

8. OCCUPATION OF DECEASED

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

9. BIRTHPLACE (CITY OR TOWN) Randolph Co.
 (STATE OR COUNTRY) See 11

PARENTS

10. NAME OF FATHER Tom Morlen
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) Randolph Co.
 (STATE OR COUNTRY) See 11
 12. MAIDEN NAME OF MOTHER Mary Smith
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Randolph Co.
 (STATE OR COUNTRY) See 11

14. INFORMANT Mr. Claud Morlen
 (Address) Cape Girardeau

15. FILED 11/12 1927 W. C. Kempfer REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 11 1927

17. I HEREBY CERTIFY, That I attended deceased from Oct 29 1927 to Nov 11 1927 (that I last saw h. alive on Nov 12 1927, and that death occurred, on the date stated above, at 3:30 a. m.)

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Myocarditis (con), Hypertension
Interstitial nephritis
curious of clots

CONTRIBUTORY (SECONDARY)

11/12 1927 (duration) _____ yrs. _____ mos. _____ da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH: _____

19. DID AN OPERATION PRECEDE DEATH? no DATE OF _____

20. WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Clinical and Physical
 (Signed) F. H. Gregory, M.D.

11/12 1927 (Address) Cape Girardeau 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 Hoots Chapel Cem. DATE OF BURIAL 11-13-27

20. UNDERTAKER Al Bruboff ADDRESS Cape Girardeau

N. E.—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.

JAN 1928

