

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

Do not use this space.

33870

1. PLACE OF DEATH
 County Jasper Registration District No. 411
 Township Jasper Primary Registration District No. 2002
 City Jasper (No. 2317) Hartman St. _____ Ward _____
2. FULL NAME James LeRoy Morain
 (a) Residence No. _____ 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 m **4. COLOR OR RACE** w **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) married
5A. IF MARRIED, WIDOWED OR DIVORCED HUSBAND OR (OR) WIFE OF Hattie Morain
6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 5 - 1856
7. AGE YEAR MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
71 last | 3 | 7 | _____
8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Janitor
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Missouri
 (STATE OR COUNTRY)
10. NAME OF FATHER John Morain
11. BIRTHPLACE OF FATHER (CITY OR TOWN) No Record
 (STATE OR COUNTRY)
12. MAIDEN NAME OF MOTHER Clara Purkey
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) MO
 (STATE OR COUNTRY)

14. INFORMANT Hattie Morain
 (Address) Jasper Mo
15. FILED 11/15, 1927 Geo. A. Benson Clall
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 11/12/27
17. I HEREBY CERTIFY, That I attended deceased from 11-10-1927 to 11-12-1927
 that I last saw him/her on 11-12-1927 and that death occurred, on the date stated above, at _____

THE CAUSE OF DEATH WAS AS FOLLOWS:
Lobar Pneumonia
108 (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY (SECONDARY) _____ (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) Chas. Weyand M.D.
11/17, 1927 (Address) Jasper 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 HOMICIDE.
19. PLACE OF BURIAL, CREMATION, OR REMOVAL Franklin DATE OF BURIAL 11/15/27
20. UNDERTAKER Hurlbut ADDRESS Jasper Mo

WRITE PAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

