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

Do not use this space.

15837

1. PLACE OF DEATH

County Sullivan — Registration District No. 852 — File No. ~~15567~~

Township Polk — Primary Registration District No. 4518 — Registered No. 23

City Milan (No. ..... St. ..... Ward)

2. FULL NAME James Morris

(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 50 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): widowed

5A. ~~IF MARRIED~~, WIDOWED, ~~OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Elizabeth Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 22 1834

7. AGE: Years 93 — Months 9 — Days 1 — If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Retired Farmer

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) ~~Ill~~ Ill.

PARENTS

10. NAME OF FATHER Roberson Morris

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

12. MAIDEN NAME OF MOTHER Sussana Johson

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Ky

14. INFORMANT Mrs Mollie Halliburton
(Address) Milan, Mo

15. FILED 4-27, 1928 Bertha McClary
REGISTRAR

2 MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/23 1928

17. I HEREBY CERTIFY, That I attended deceased from 4/21, 1927, to ....., 1928, that I last saw h~~ess~~ alive on 4/23, 1928, and that death occurred, on the date stated above, at 7 10 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza

11A

109B

..... (duration) ..... yrs. ..... mos. 3 ds.

CONTRIBUTORY (SECONDARY) Pneumonia Capitonary

..... (duration) ..... yrs. ..... mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED? HA

IF NOT AT PLACE OF DEATH? —

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

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) [signature], M. D

4/24, 1928 (Address) Milan 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: Oak Wood Cem. Milan Mo — DATE OF BURIAL: Apr 26 1928

20. UNDERTAKER: C A Schoene — ADDRESS: Milan, Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. AGE should be stated EXACTLY. PHYSICIANS should state ... information should be carefully supplied. ... 5