

21 1928

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

Do not use this space.

22954

1. PLACE OF DEATH

County... Reynolds
Township... De Witt
City... Lincoln (No.) St. Ward)

Registration District No. 60
Primary Registration District No. 4035-

File No.
Registered No. 261

2. FULL NAME

John D. Morris

(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)

Married

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

Mrs Anna Morris

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

April-22-1863

7. AGE

YEARS MONTHS DAYS
65 2 18
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)

Verona Mo

(STATE OR COUNTRY) Morgan Co

10. NAME OF FATHER

John D. Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Tenn.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Fannie Berry

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Missouri

(STATE OR COUNTRY)

14.

INFORMANT (Address)

Mrs J. V. Morris
Lincoln Tenn.

15.

DATE

July 14, 1928 E. L. Rhedden
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 9-1928

17.

I HEREBY CERTIFY That I attended deceased from July 9-1928 that I last saw him alive on July 22, 1928 to July 9, 1928 and that death occurred, on the date stated above, at 7:10 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Chronic Parenchymatous Nephritis
131 (duration) yrs. 5 mos. 29 ds.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH... Place of Birth

19. DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Oran C. Crabb M.D.
, 19 (Address) Lincoln Tenn

*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

Lincoln Lutheran Cem

DATE OF BURIAL

7/11 1928

20. UNDERTAKER

J. B. Callard

ADDRESS

Lincoln Tenn

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.

John