

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

Do not use this space.

23157

1. PLACE OF DEATH

County Butler

Registration District No. 990

File No. \_\_\_\_\_

Township St Francis

Primary Registration District No. 0133

Registered No. 9

Village Rombauer, Mo. (No. R#5)

St. \_\_\_\_\_ Ward) \_\_\_\_\_

2. FULL NAME William Morris

(a) Residence No. Rombauer, Mo. St.

Ward. \_\_\_\_\_

(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 (write the word)

Married

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

Vina Morris

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

Feb 1 - 1882

7. AGE

YEARS 46

MONTHS

5

DAY

24

If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)

(STATE OR COUNTRY)

Illinois

10. NAME OF FATHER

unknown

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

12. MAIDEN NAME OF MOTHER

unknown

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

Illinois

14.

INFORMANT (Address)

Mr. Vina Morris Poplar Bluff Mo. R#5

15.

FILED

Aug 28 1928 W. G. Gall

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

July 25 1928

17.

I HEREBY CERTIFY That I attended deceased from July 10<sup>th</sup> 1928, to July 28<sup>th</sup> 1928 that I last saw him alive on July 5 1928, and that death occurred, on the date stated above, at 7:35 P.M.

CAUSE OF DEATH WAS AS FOLLOWS:

Embolic pneumonia  
Embolic pneumonia of Basal  
puscles right side of face  
53E (duration) 2 yrs. mos. da.

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH

no DATE OF \_\_\_\_\_

WAS THERE AN AUTOPSY?

no

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

W. F. S. Taylor M. D.

7/28, 1928 (Address) Poplar Bluff Mo

\*State the DISEASE CAUSING DEATH, 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 2:30

Poplar Cemetery

July 27 1928

20. UNDERTAKER

ADDRESS

A. W. Green, Poplar Bluff, 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.

