30 1928

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

Do not use this space.

Hayo

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. 26233

Township Washington Primary Registration District No. 6162 Registered No. 188

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

2. FULL NAME Sam H. Morton

(a) Residence. No. State Hosp. #3 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. 1 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

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.

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: not known

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 1 1853

7. AGE: 75 YEARS — MONTHS: 6 DAYS: 23 If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Carpenter
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Tenn.
(STATE OR COUNTRY) D.K.

PARENTS

10. NAME OF FATHER Wm. Morton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY) D.K.
12. MAIDEN NAME OF MOTHER Mary Brooks
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ky.
(STATE OR COUNTRY) D.K.

14. INFORMANT J. A. Morton
(Address) Springfield Mo.

15. FILED 8/10 1928 E. R. King 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 June 7 ~~July 25~~, 1928, to July 25, 1928 that I last saw him alive on ..... 1928, and that death occurred, on the date stated above, at 4-30 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pneumonia (lobar)
101a
(duration) ..... yrs. ..... mos. 16 ds.

CONTRIBUTORY (SECONDARY) maniacal exhaustion
(duration) ..... yrs. ..... mos. 15 ds.

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? Clinical
(Signed) T. J. O'Dell, M. D
July 25, 1928 (Address) Nevada, 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: Springfield, Mo. DATE OF BURIAL: Jul 26 1928

20. UNDERTAKER: Allen V Hayo ADDRESS: Nevada, Mo.