

JAN 28 1929

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

Do not use this space.

43853

King & Louie
File No. _____
Registered No. 284
St. _____ Ward _____

1. PLACE OF DEATH

County Merion Registration District No. 875
Township Central Primary Registration District No. 3039
City Nevoles mo (No. _____) St. _____ Ward _____

2. FULL NAME Lloyd Morris

(a) Residence No. _____ St. _____ Ward _____
(Usual place of abode)

Length of residence in city or town where death occurred - yrs. 6 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec 4 - 1852

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
76 0 0

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) D IC
(STATE OR COUNTRY) Iowa Co Missouri

10. NAME OF FATHER William Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN) D IC
(STATE OR COUNTRY) Iowa

12. MAIDEN NAME OF MOTHER Mary Miller

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

14. INFORMANT May Miller
(Address) Highway S. Nevoles

15. FILE NO. 1-5-29-E.R. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 12 - 4 - 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 2, 1928, to Dec 4, 1928 that I last saw him live on Dec 3, 1928 and that death occurred, on the date stated above, at 9:30 A. m.

THE CAUSE OF DEATH* AS FOLLOWS
Ch. interstitial nephritis

1240 (duration) ? yrs. mos. ds.
CONTRIBUTORY (SECONDARY) Acute uremia
(duration) yrs. mos. 4 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH: _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS
(Signed) E.R. King, M. D.

12-5-28 (Address) Nevoles 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 Moore Cemetery DATE OF BURIAL 12-1-1928

20. UNDERTAKER Transit Home Nevoles Mo ADDRESS _____

E. 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.

