

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

Do not use this space.

10357

PLACE OF DEATH

County 24 100 Franklin
Township Wesley
City Wesley (No.)

Registration District No. 328
Primary Registration District No. 3453

File No.
Registered No. 4 St. Ward)

2. FULL NAME A. J. Morrison
(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 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) married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary J. Morrison
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 10 1866
7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
63 0 22

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

9. BIRTHPLACE (CITY OR TOWN) Franklin
(STATE OR COUNTRY) MO

10. NAME OF FATHER A. Morrison
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Franklin
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Rebecca Morrison
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Franklin
(STATE OR COUNTRY)

14. INFORMANT L. J. Brown
(Address) Laredo Mo
15. FILED July 19 1927 J. W. Stone REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 4 1927
17. I HEREBY CERTIFY, That I attended deceased from July 20 1926 to July 4 1927 that I last saw him alive on July 4 1927 and that death occurred on the date stated above, at 6357 m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Infarction
113 113 (duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY) White Infiltration
nephritis (duration) yrs. mos. 12 ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....
19. DID AN OPERATION PRECEDE DEATH? no DATE OF

20. WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? micro
(Signed) J. W. Stone, M.D.
Address Laredo 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 Rileys Cemetery DATE OF BURIAL July 1927
20. UNDERTAKER Brown & Johnson ADDRESS Laredo 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.

Laredo, Mo.

