

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

Do not use this space.
11501

1. PLACE OF DEATH

County Meriwether
Township Miller
City (No.)

Registration District No. 1040
Primary Registration District No. 7276

File No.
Registered No. 2
St. Ward

2. FULL NAME

Daniel A. 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. 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 Nancy Morrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 11/2-1866

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ... hrs. or ... min.
62 4 14

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)

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Ohio
10. NAME OF FATHER John Morrison

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Ohio

12. MAIDEN NAME OF MOTHER Malinda Stevens

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Not known

INFORMANT Nancy Morrison
(Address) Dixon Mo

FILED 3-20 19... C. W. Winkelman

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3-16-1929

17. I HEREBY CERTIFY, That I attended deceased from 3-16-1929, to 3-16-1929, that I last saw him alive on 3-16-1929, and that death occurred, on the date stated above, at Dixon Mo.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy
(duration) yrs. mos. 1 da.

CONTRIBUTORY (SECONDARY) MI
(duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH.....
DID AN OPERATION PRECEDE DEATH..... DATE OF.....
WAS THERE AN AUTOPSY.....
WHAT TEST CONFERRED BY.....

*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 Dixon Mo DATE OF BURIAL 3/17/29

20. UNDERTAKER Fred H Gilbert ADDRESS Dixon Mo

