

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

Do not use this space.

21020

**JUN 25 1929**

**1. PLACE OF DEATH**

County Cole

Registration District No. 213

Township Jefferson

Primary Registration District No. 3014

City Jefferson (No.         )

File No.         

Registered No. 140

St.          Ward         

**2. FULL NAME**

David Curtis Morrow

(a) Residence. No. 324 E Water St.,          Ward.

(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)**

Single

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

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

May 10 - 1929

**7. AGE**

YEARS

MONTHS

DAYS

If LESS than 1 day,          hrs. or          min.

18

**8. OCCUPATION OF DECEASED**

(a) Trade, profession, or particular kind of work

None

(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)

Jefferson City Mo.

**10. NAME OF FATHER**

Lester Morrow

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

J. Mo.

**12. MAIDEN NAME OF MOTHER**

Ruth Pace

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Russellville Mo.

**14. INFORMANT**

(Address)

Lester Morrow  
J. Mo.

**15. FILED**

7-10-29

R. B. Bidford

REGISTRAR

**MEDICAL CERTIFICATE OF DEATH**

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

June 2 1929

**17.**

I HEREBY CERTIFY, That I attended deceased from June 28, 1929, to June 2, 1929 that I last saw h. alive on June 2, 1929 and that death occurred, on the date stated above, at 6 a m.

**THE CAUSE OF DEATH\* WAS AS FOLLOWS:**

9 Pertussis  
(duration) yrs. mos. 10 ds.

**CONTRIBUTORY (SECONDARY)**

Infant  
(duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed) M. C. Adair, M. D.

June 2, 1929 (Address) J. 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**

**DATE OF BURIAL**

Riverview Cem. J. Mo.

6-3-1929

**20. UNDERTAKER**

**ADDRESS**

C. P. Heinrich

J. Mo.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

Very 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.

