MAR 28 1930

MAR 28 1930

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

Do not use this space.

5558

1. PLACE OF DEATH

County Lawrence — Registration District No. 474 — File No.

Township Ozark — Primary Registration District No. 5638 — Registered No. 2

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

2. FULL NAME Dixon Lafayette Morris

(a) Residence. No. ..... St., ... Ward. (If nonresident, give city or town and State)
(Usual place of abode)

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Male	White	Married

5A. ~~IF MARRIED, WIDOWED, OR DIVORCED~~ HUSBAND OF ~~(OR) WIFE OF~~ Angeline Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 12-27-1852

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	77	1	7	

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) Ark
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER John Morris

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

12. MAIDEN NAME OF MOTHER Elizabeth Hutson

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

14. INFORMANT J. W. Morris
(Address) Miller Mo.

15. FILED Feb 7, 1930 Mrs Eliza Miller REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Feb 3 1930

17. I HEREBY CERTIFY, That I attended deceased from June 4, 1928, to Feb 3, 1930 that I last saw him alive on Jan 31, 1930, and that death occurred, on the date stated above, at 11 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Posterior Spinal Sclerosis
80
(duration) ? yrs. mos. ds.

CONTRIBUTORY (SECONDARY) [illegible]
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH —
O DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? —

(Signed) Dr. C. M. Barr, M. D.
2-4, 1930 (Address) Halltown, 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
Johns Chapel	2/5 1930
20. UNDERTAKER	ADDRESS
J. W. Morris & Leiman	Miller Mo.

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

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.