

APR 30 1930

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

Do not use this space.

9126

1. PLACE OF DEATH
County Gasper Registration District No. 408
Township Madison Primary Registration District No. 1564
City (No.) St. Ward)

2. FULL NAME Morris Sherrill
(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. 2 mos. 3 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) ✓

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan-24-1930

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
0 2 3

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

9. BIRTHPLACE (CITY OR TOWN) Carthage (STATE OR COUNTRY) Mo

10. NAME OF FATHER E. C. Sherrill

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

12. MAIDEN NAME OF MOTHER Addie Morris

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

14. INFORMANT E. C. Sherrill (Address) Carthage Mo. R# 7

15. FILED March 28 1930 W. J. Petcham REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar. 27 1930

17. I HEREBY CERTIFY, That I attended deceased from Feb 22 1930 to Mar 20 1930 that I last saw him alive on Mar 22 1930, and that death occurred, on the date stated above, at 9:15 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Congenital anomaly of brain
157D
158 (duration) l. yrs. 2 mos. 3 ds.

CONTRIBUTORY (SECONDARY) Malnutrition (duration) yrs. 2 mos. ds.

18. WHERE WAS DISEASE CONTACTED? 159
IF NOT AT PLACE OF DEATH, DATE OF ...
DID AN OPERATION PRECEDE DEATH? no DATE OF ...
WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) H. A. LaFare M. D.
3/18. 1930 (Address) Carthage 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 Paris Cemetery DATE OF BURIAL 3-28 1930
20. UNDERTAKER Ulmer - Wrose ADDRESS Carthage

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.

STATE BOARD OF HEALTH RECORDS

49

