

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.

APR 30 1930

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

Do not use this space.

9369

1. PLACE OF DEATH

County Lincoln
 Township Waverly
 City Lincoln

Registration District No. 495
687
 Primary Registration District No. 5657

File No. _____
 Registered No. 2
 St. _____ Ward _____

2. FULL NAME

James P. Morris

(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) Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug. 8 - 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 6 16

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)

(STATE OR COUNTRY) Lincoln Co - Mo

10. NAME OF FATHER

James Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Va.

12. MAIDEN NAME OF MOTHER

Judith Steward

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) KY

14. INFORMANT

(Address) J. P. Morris
Lincoln Mo

15. FILED

3/25 1930 P. M. Gosh
Lincoln Mo REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 3/24 1930

17. I HEREBY CERTIFY, That I attended deceased from 3/23 1930, to 3/24 1930, that I last saw him alive on 3/23 1930, and that death occurred, on the date stated above, at 10.00 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Apoplexy

(duration) yrs. mos. da. 2
 CONTRIBUTORY (SECONDARY) High Blood Pressure due to Arterio-Sclerosis
Sweet yrs. mos. da. 1

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

19. WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS? Test for High Blood Pressure
 (Signed) J. M. Ma
 , 19 (Address) Ashley Mo.

*State the DISEASE CAUSING DEATH, of deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See reverse side for additional space.)

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

Morris Cemetery

DATE OF BURIAL

Mar 26 1930

20. UNDERTAKER

Gosh & Buchanan

ADDRESS

Lincoln Mo.

Revised United States Standard Certificate of Death

(Approved by U. S. Census and American Public Health Association.)

Statement of Occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive Engineer, Civil Engineer, Stationary Fireman*, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*, (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*, (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day-laborer, Farm laborer, Laborer—Coal mine*; etc. Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework* or *At home*, and children, not gainfully employed, as *At school* or *At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid*, etc. If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of Cause of Death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report

"Typhoid pneumonia"); *pneumonia* ("Pneumonia"); *Tuberculosis of lungs*, *Carcinoma, Sarcoma*, etc.; "Cancer" is less important for malignant neoplasms; *Chronic valvular disease*, *nephritis*, etc. (intercurrent affections); *Exhaustion*, *29 ds.*; *Bronchitis*, *report me* as "Asthma," "Atrophy," "Debility" ("Chronic debility"), "Exhaustion," "Anemia," "Melancholia," "Weakness" be ascertained; diseases result from "PUERPERAL" etc. State of mind, if undertaken. INJURY and HOMICIDAL, termined by *ing; struck by* *of head—probably suicidal* of skull, a may be stated (Recommended by American

NOTE: If the cause of death is not ascertainable, the certificate should be so stated. This fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.



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23



23

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add to above list of undertakers containing them. City states: "Certificates of death which give any information, as the sole cause of death, such as pneumonia, hemorrhage, etc., will work at a later date."

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