

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

Do not use this space.

19040  
109

File No. \_\_\_\_\_  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**1. PLACE OF DEATH**

County Union Registration District No. 283  
Township Bryant Primary Registration District No. 0702  
City \_\_\_\_\_ (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

(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. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

**PERSONAL AND STATISTICAL PARTICULARS**

**MEDICAL CERTIFICATE OF DEATH**

**3. SEX**

**4. COLOR OR RACE**

**5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)**

F W. Widow

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

David Miller

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

Apr. 18 - 1849

**7. AGE**

YEARS	MONTHS	DAYS	IF LESS than 1 day, — hrs. or — min.
<u>80</u>	<u>9</u>	<u>5</u>	

**8. OCCUPATION OF DECEASED**

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

Ind.

**10. NAME OF FATHER**

Joseph Morris

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

Ohio

**12. MAIDEN NAME OF MOTHER**

DTC.

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

DTC.

**14. INFORMANT (Address)**

Frank McCaswell  
Conover road

**15. FILED**

6-24-30 E. H. Newson  
REGISTRAR

**16. DATE OF DEATH (MONTH, DAY AND YEAR)** 6-23 1930

**17. I HEREBY CERTIFY, That I attended deceased from**

May 15 - 1930, to June 23 1930  
that I last saw alive on June 23 1930, and that death occurred, on the date stated above, at 6-23-30

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

Chronic Asthma and Senescity.

**CONTRIBUTORY (SECONDARY)**

112  
100 (duration) yrs. mos. ds.

**18. WHERE WAS DISEASE CONTRACTED**

IF NOT AT PLACE OF DEATH: \_\_\_\_\_

**DID AN OPERATION PRECEDE DEATH? DATE OF**

**WHAT TEST CONFIRMED DIAGNOSIS?**

(Signed) E. H. Newson, M. D.  
, 19 (Address) Conover road

\*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**

Parasound Hill 6-25-30

**20. UNDERTAKER**

**ADDRESS**

Howard Anderson Conover

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

