

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.

SEP 22 1930

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

Do not use this space.

25989

1. PLACE OF DEATH Buchanan

County.....

Registration District No. 85

File No.....

Township.....

Primary Registration District No. 1101

Registered No. 588

City St. Joseph

(No. 1121 Main St.

St. Ward)

2. FULL NAME Robert Morton

(a) Residence, No. 1121 Main 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

1 MEDICAL CERTIFICATE OF DEATH

3. SEX Male
4. COLOR OR RACE Negro
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) August 31 1930

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

17. I HEREBY CERTIFY, That I attended deceased from Aug 28 to Aug 31 1930 that I last saw h. alive on Aug 31 1930 and that death occurred, on the date stated above, at 11:30 p.m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 1894

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 36 - 11 23

THE CAUSE OF DEATH WAS AS FOLLOWS: Blood Poison, Septicemia, Fall (duration) yrs. mos. 31 ds.

8. OCCUPATION OF DECEASED A Taylor 36
(a) Trade, profession, or particular kind of work
(b) General nature of industry, business, or establishment in which employed (or employer) Taylor
(c) Name of employer Taylor

CONTRIBUTORY (SECONDARY) Not known (duration) yrs. mos. ds.

9. BIRTHPLACE (CITY OR TOWN) Garnett, Kansas (STATE OR COUNTRY) Kansas

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH

10. NAME OF FATHER Anrony Morton

DID AN OPERATION PRECEDE DEATH? No. DATE OF WAS THERE AN AUTOPSY? No.

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

WHAT TEST CONFIRMED DIAGNOSIS (Signed) J. H. ... M.D.

12. MAIDEN NAME OF MOTHER Narcissis Wallace

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

9/2 1930 (Address) 720 S 24th St
*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.

14. INFORMANT Clara Morton (Address) 1121 Main St.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Mt. Mora Cemetery DATE OF BURIAL Sept. 3 19 1930

15. FILED 3 19 1930 REGISTRAR

20. UNDERTAKER Ramsey Funeral Service ADDRESS 9th & Olive

720 24th St.

4/20/31