OCT 31 1930

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

Do not use this space.

30678

1. PLACE OF DEATH

County Pemiscot — Registration District No. 651 — File No.

Township ~~Little Prairie~~ — Primary Registration District No. 4388 — Registered No. 126

City Caruthersville Mo (No. ..... St. ..... Ward)

2. FULL NAME Doyle Jean Morrow

(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

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
male	white	Single

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) August 27, 1930

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
0	1	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) Caruthersville
(STATE OR COUNTRY) Missouri

PARENTS

10. NAME OF FATHER Roy Morrow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Caruthersville
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Jessie Skinner
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Caruthersville
(STATE OR COUNTRY) Mo

14. INFORMANT Roy Morrow
(Address) Caruthersville, Mo

15. FILED Oct 7, 1930 Ada Martin REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 30, 1:20 PM 1930

17. I HEREBY CERTIFY, That I attended deceased from 9-20-, 1930 to 9-30-, 1930 that I last saw him alive on 9-30-, 1930 and that death occurred, on the date stated above, at 1:20 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Colitis

11 9 B (duration) ..... yrs. ..... mos. ..... ds.

11 3 B

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

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? .....

(Signed) Thomas J Collins, M. D.

, 19 (Address) Caruthersville 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
Little Prairie Cemetary	October 1930

20. UNDERTAKER	ADDRESS
J. L. La Forge	Caruthersville Mo

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.