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

Do not use this space.

36668-A

File No. .....

Registered No. 20

JAN 20 1931

1. PLACE OF DEATH

County Lawrence — Registration District No. 469

Township Lincoln — Primary Registration District No. 5630

City ~~Miller~~ (No. ....., ... St. ..... Ward)

2. FULL NAME John William Morris

(a) Residence. No. Miller Mo 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	married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) ~~WIFE OF~~ Maud O. Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 9- 12- 1877

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	53	2	17	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Undertaker

(b) General nature of industry, business, or establishment in which employed (or employer) .....

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Lawrenceburg Mo.
(STATE OR COUNTRY) Lawrence Co.

PARENTS

10. NAME OF FATHER D.L.Morris

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

12. MAIDEN NAME OF MOTHER Sarah A. Gray

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

14. INFORMANT Maud O. Morris
(Address) Miller Mo

15. FILED 1-1, 1931 W. S. Bunney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Nov 29 1930

17. I HEREBY CERTIFY, That I attended deceased from Nov 23, 1930 to Nov 29, 1930 that I last saw him alive on Nov 29, 1930, and that death occurred, on the date stated above, at 10 10 a m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

General Peritonitis following acute apendicitis

..... (duration) ..... yrs. ..... mos. 6 ds.

CONTRIBUTORY (SECONDARY) Peritonitis

..... (duration) ..... yrs. ..... mos. 6 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH .....

DID AN OPERATION PRECEDE DEATH? yes DATE OF Nov 23rd

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? findings

(Signed) L. I. Holmes, M. D.

, 19 (Address) Miller 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
Johns Chapel	12- 2-1930
20. UNDERTAKER	ADDRESS
Trogdon-Morris-Leiman	Ash Grove 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD