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.

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

Do not use this space.

2957

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. 1003 Registered No. 105

City St Louis Mo. (No. St Johns Hospital St. ..... Ward)

2. FULL NAME Floyd, Ellis, Morrow

(a) Residence. No. 3203 a Dodier St St., 10 Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: Male
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word): Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: Elva Morrow married

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Dec. 1. 1907

7. AGE: Years 23 | Months 1 | Days 2 | If LESS than 1 day, ... hrs. or ..... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Streetcar Conductor
(b) General nature of industry, business, or establishment in which employed (or employer): 103
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: Wm. F. Morrow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri
12. MAIDEN NAME OF MOTHER: Katie Reed
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Missouri

14. INFORMANT: Katie Morrow
(Address): Cape Girardeau

15. FILED: JAN -4 1931 Max C. Hackney REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR): Jan 3 1931

17. I HEREBY CERTIFY, That I attended deceased from Dec. 26, 1930, to Jan 3, 1931, that I last saw him alive on Jan 3, 1931, and that death occurred, on the date stated above, at 7 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute genl. Peritonitis following operation for acute gangrenous appendicitis
(duration) ..... yrs. ..... mos. ..... ds.

CONTRIBUTORY (SECONDARY) 121
(duration) ..... yrs. ..... mos. ..... ds.

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

1 DID AN OPERATION PRECEDE DEATH? yes. DATE OF Dec. 27-30

WAS THERE AN AUTOPSY? yes

WHAT TEST CONFIRMED DIAGNOSIS? autopsy

(Signed) Robt Hyland, M. D

1-4-, 1931 (Address) 3901 Park. an

*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: Cape Girardeau Mo
DATE OF BURIAL: Jan 4 1931

20. UNDERTAKER: Hy Leidner Und Co
ADDRESS: 1417 N Market St