

APR 20 1931

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

Do not use this space.

4446

1. PLACE OF DEATH

County Adair

Registration District No. 4

File No.

Township Lincoln

Primary Registration District No. 3001

Registered No. 355

City Lincoln (No. 200 & R.C.R.R.)

St. Ward)

2. FULL NAME

William Robert Morelock

(a) Residence No. St. Ward. Quincy Ill

(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

M

4. COLOR OR RACE

W

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

Married

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

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

April 11-1870

7. AGE

YEARS MONTHS DAYS
60 10 2

IF LESS than 1 day, hrs. or min.

8. OCCUPATION OF DECEASED

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

Conductor

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

on P.O.R.R.

(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

Adair Co. Mo.

(STATE OR COUNTRY)

10. NAME OF FATHER

Eliza Morelock

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

Indiana

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Chanty Gates

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Ill

(STATE OR COUNTRY)

14.

INFORMANT

(Address)

T.C. Morelock
Columbia, Missouri

15.

FILED

3/3, 19.31 Mrs. C. H. Becker

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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

Feb. 13 1931

17.

I HEREBY CERTIFY, That I attended deceased from

....., 19....., to....., 19....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

By falling from train
accidentally

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS

(Signed)

W. C. Summer Brown

, 19

(Address)

Lincoln 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

Quincy Ill

Feb. 15 1931

20. UNDERTAKER

ADDRESS

Summer Brown
Lincoln 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.

1
2
7

