MAR 24 1931

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

5039

1. PLACE OF DEATH
County Daniell — Registration District No. 254 — File No.
Township Benton — Primary Registration District No. 5355 — Registered No. 8
City (No. , St. Ward)

2. FULL NAME Peter Morris
(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 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 olivia morris
6. DATE OF BIRTH (MONTH, DAY AND YEAR) July 1-1849
7. AGE 81 YEARS — MONTHS 7 — DAYS 3 — If LESS than 1 day, hrs. or min.
8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer
9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) mo
PARENTS
10. NAME OF FATHER meredith morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) ohio
12. MAIDEN NAME OF MOTHER Malaha Plymell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) ohio
14. INFORMANT Leonard A Morris
(Address) Pattonsburg mo
15. FILED 2/4, 1931 John G. Parker REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2-4-31 19
17. I HEREBY CERTIFY, That I attended deceased from Feb 1st, 19, to Feb 4th, 1931, that I last saw him alive on Feb 3rd, 1931, and that death occurred, on the date stated above, at 6-15 A m.
THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral hemmorhage
82 ft
(duration) yrs. mos. ds.
CONTRIBUTORY (SECONDARY)
(duration) yrs. mos. ds.
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) Frank Hedges, M. D.
2/5, 1931 (Address) Pattonsburg

*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 Oak Ridge — DATE OF BURIAL 2-6-31 19
20. UNDERTAKER G S Gromer — ADDRESS Pattonsburg 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.

1931
1849
82

81-7-3