

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

Do not use this space.

9411

1. PLACE OF DEATH

County Tinian
Township St. Charles
City St. Charles

Registration District No. 294
Primary Registration District No. 4678

File No. _____
Registered No. 14
St. _____ Ward _____

2. FULL NAME

(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 Male 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 6 - 1930

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
2 27

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTY) Bookwell, Mo.

13. NAME Joe Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co., Mo.

15. MAIDEN NAME Clayde Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Texas Co., Mo.

17. INFORMANT (ADDRESS) Joe Morris

18. BURIAL, CREMATION, OR REMOVAL PLACE Michigan DATE 3/7

19. UNDERTAKER (ADDRESS) W. E. Chalkers

20. FILED 3/1 1931 W. E. Chalkers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3/1 - 31

22. I HEREBY CERTIFY, That I attended deceased from 2/24, 1931, to 3/1, 1931.

I last saw him alive on 3/4, 1931. Death is said to have occurred on the date stated above, at 4 m.

The principal cause of death and related causes of importance were as follows:

Prothrombin deficiency
107A
107A
Other contributory causes of importance: none

Name of operation Cholecystectomy Date of _____

What test confirmed diagnosis? Cholecystitis Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 1931

Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? yes

If so, specify W. E. Chalkers, M. D.

(Signed) _____ (Address) St. Charles

Date of onset 2/24/31

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.

APR 21 1931

