

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

Do not use this space.

13507

1. PLACE OF DEATH
 County Christian Registration District No. 184
 Township Leola Primary Registration District No. 4110
 City Ozark, Mo. (No. _____) St. _____ Ward _____
 2. FULL NAME Rosee Harrison Morrisett
 (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.

File No. _____
 Registered No. 16
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male
 4. COLOR OR RACE white
 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Infant
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Infant
 6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 20th 1931
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min. 2
 8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Infant
 (b) General nature of industry, business, or establishment in which employed (or employer)
 (c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) mo.
 (STATE OR COUNTRY)
 10. NAME OF FATHER Truman Morrisett
 11. BIRTHPLACE OF FATHER (CITY OR TOWN) mo.
 (STATE OR COUNTRY)
 12. MAIDEN NAME OF MOTHER Gladys Shipman
 13. BIRTHPLACE OF MOTHER (CITY OR TOWN) mo.
 (STATE OR COUNTRY)

14. INFORMANT Dora Morrisett
 (Address) Springfield, Mo.
 15. FILED May 1 1931 Laetta Leonard
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) April 22 1931
 17. I HEREBY CERTIFY, That I attended deceased from Apr 21, 1931, to Apr 22, 1931, that I last saw him alive on Apr 21, 1931, and that death occurred, on the date stated above, at 1:30 a. m.
 THE CAUSE OF DEATH* WAS AS FOLLOWS:
unknown probably Cerebral Hemorrhage caused from birth but no instruments used
 (duration) yrs. mos. ds. 2 ds.
 CONTRIBUTORY (SECONDARY) 1600 / 6013
 (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? no
 WHAT TEST CONFIRMED DIAGNOSIS? none
 (Signed) R. R. Fasthing, M. D.
Apr 22, 1931 (Address) Ozark, Mo.

*State the DISEASE CAUSING DEATH, 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 Lincoln Cemetery DATE OF BURIAL April 22 1931
 20. UNDERTAKER T. B. Cheffin ADDRESS Ozark, Mo.

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 30 1931

