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.

MAY 23 1931

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

Do not use this space.
13968

1. PLACE OF DEATH
County Howard. Registration District No. 878 File No.
Township Richmond. Primary Registration District No. 5526 Registered No. 40
City (No. , St. Ward)

2. FULL NAME Alfred W. Morrison,
(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 White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single.
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF #
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 12/17/1858
7. AGE 72 YEARS 72 MONTHS 8 DAYS 17 If LESS than 1 day, hrs. or min.

OCCUPATION
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 COUNTRY) Missouri

FATHER
13. NAME James P. Morrison.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
15. MAIDEN NAME Caroline Stewart.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Dr Chas Morrison. Colorado Springs, Col.
18. BURIAL, CREMATION, OR REMOVAL
PLACE City Cemetary DATE 4/1/31 19
19. UNDERTAKER (ADDRESS) Guy T. Halley. Fayette, Mo.
20. FILED May 2 1931 V. O. Bonham Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 4/29/31, 19

22. I HEREBY CERTIFY, That I attended deceased from June 1928 to April 29, 1931
I last saw him alive on April 29, 1931. Death is said to have occurred on the date stated above, at 9 P. m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	1927
95C 95B 95D	
Other contributory causes of importance:	
Acute cardiac decompensation	4-14-31

Name of operation none Date of
What test confirmed diagnosis? Phys. finding Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
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? no
If so, specify
(Signed) Wm. J. Shaw, M. D.
(Address) Fayette, Mo.