

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

Do not use this space.

25593

1. PLACE OF DEATH

County Macon Registration District No. 628
Township Callas Primary Registration District No. 4314
City Callas (No. _____) St. _____ Ward _____

File No. _____

Registered No. _____

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct. 24-1858

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
75 8 24

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Retired Farmer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Morrow Township
(STATE OR COUNTRY) Mo.

10. NAME OF FATHER Jefferson Morrow

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER Minerva Summers

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Kentucky
(STATE OR COUNTRY)

14. INFORMANT Helen Morrow Lewis
(Address) Palmyra, Mo.

15. FILED July 20 1931 W. A. Black, M.D.
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July 18 1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 9 1930 to July 18 1931, and that I last saw him alive on July 18 1931, and that death occurred, on the date stated above, at 9: A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

1. Pneumonia Fever
(Bronchial)

135B (duration) _____ yrs. _____ mos. _____ ds.
CONTRIBUTORY Chronic Prostatitis & cystitis
(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? no

WHAT TEST CONFIRMED DIAGNOSIS? Chen's Exam
(Signed) W. A. Black, M. D.

(Address) Callas

*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

Callas Forest Grove July 20 1931

20. UNDERTAKER ADDRESS
Perry & Son Callas 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.

