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.

OCT 22 1931

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

30796 Do not use this space.

1. PLACE OF DEATH
County Clark Lincoln Registration District No. 190
Township Primary Registration District No. 5264
City Ashton (No. ..... St. ..... Ward)
File No. .....
Registered No. 43

2. FULL NAME William Paul 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) Aug. 22, 1931
7. AGE YEARS MONTHS DAYS 10 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 159
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 161B
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) Ashton Mo.

FATHER
13. NAME Etsel Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Luray Mo.

MOTHER
15. MAIDEN NAME Ruth White
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Memphis Mo.

17. INFORMANT (ADDRESS) Etsel Morrison
18. BURIAL, CREMATION, OR REMOVAL
PLACE Ashton DATE Sept. 2, 1931
19. UNDERTAKER (ADDRESS) Tutting's Und. Kahoka Mo.
20. FILED Sep 1st, 1931 J R Bridges Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 1, 1931
22. I HEREBY CERTIFY, That I attended deceased from August 22, 1931, to Aug 30, 1931
I last saw him alive on Aug 30, 1931. Death is said to have occurred on the date stated above, at 1 P. m.
The principal cause of death and related causes of importance were as follows:

Premature - was about 7 months' baby
Icterus Neonatorum

Date of onset

Other contributory causes of importance:

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Name of operation ..... Date of .....
What test confirmed diagnosis? ..... 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? .....
If so, specify .....
(Signed) Grace L. Gray H.O., M.D.
(Address) Kahoka, Mo.