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

Do not use this space. 4512

1. PLACE OF DEATH
County Jackson — Registration District No. 396 — File No.
Township Ft Osage — Primary Registration District No. 9-5-2 — Registered No. 5
City 6 Mi. West of Buckner (No. , St. Ward)

2. FULL NAME Robert Archie Morrow
(a) Residence, No. Rt 2 Independence Mo St., Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 20 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
M	wh	M

5A. IF MARRIED, WIDOWED, OR DIVORCED — HUSBAND OF (OR) WIFE OF: Mrs. Grave Mann Morrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): April 13.1880

7. AGE — YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
51	9	28	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Farmer
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.: Grain and stock
10. Date deceased last worked at this occupation (month and year): Aug. 1931
11. Total time (years) spent in this occupation:

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co Mo.

FATHER
13. NAME: Benj.H.Morrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jackson Co. Mo.

MOTHER
15. MAIDEN NAME: Amanda E. Marsh
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Jamsaw Ky.

17. INFORMANT (ADDRESS): Mrs. Grace M.Morrow Rt 2 Ind. Mo.

18. BURIAL, CREMATION, OR REMOVAL — PLACE: Buckner Cem. DATE: Febr.13/32

19. UNDERTAKER (ADDRESS): V.M.Reppert. Buckner Mo.

20. FILED 3-10, 1932 — N. D. Rammell, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Febr. 11. 1932

22. I HEREBY CERTIFY, That I attended deceased from Feb. 9, 1932, to Febr 11, 1932
I last saw h— alive on Febr 11, 1932. Death is said to have occurred on the date stated above, at 2:45 P.M.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Encephalitis	Feb. 9

Other contributory causes of importance: Sceptic Rheumatism

Name of operation ..... Date of .....
What test confirmed diagnosis? Clinical Was there an autopsy? No

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) N. D. Rammell, M. D.
(Address) Buckner 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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD