

MAY 27 1935

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

Do not use this space.

12403-a

1. PLACE OF DEATH

County Howell Registration District No. 979
Township Hutton Valley Primary Registration District No. 5537
City Hutton Valley St. _____ Ward _____

2. FULL NAME Queen E. Morse

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode)
Length of residence in city or town where death occurred 4 yrs. 7 mos. 13 ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR)		
7. AGE	YEARS <u>4</u>	MONTHS <u>7</u>
	DAYS <u>13</u>	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) <u>Hutton Valley, Howell County, Mo.</u>		
FATHER	13. NAME <u>Alpha Morse</u>	
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Rolla, Phelps, Mo.</u>	
MOTHER	15. MAIDEN NAME <u>Dorothy Bully</u>	
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hutton Valley, Howell County, Mo.</u>	
17. INFORMANT (ADDRESS) <u>Alpha Morse, Hutton Valley, Mo.</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Hutton Valley</u> DATE <u>April 5</u> 19 <u>35</u>		
19. UNDERTAKER (ADDRESS) <u>W. B. Burns, Willow Springs, Mo.</u>		
20. FILED <u>May 18</u> 19 <u>35</u> <u>J. W. Davis</u> Registrar.		

2 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr 3, 1932

22. I HEREBY CERTIFY, That I attended deceased from 2-1 1932 to Apr 3 1932
I last saw him alive on Apr. 3 1932 Death is said to have occurred on the date stated above, at 9:40 p.m.
The principal cause of death and related causes of importance were as follows:
Bronchial Pneumonia Date of onset 2-27-32
110A
101A

Other contributory causes of importance:
Empyema 3-20-32

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) J. W. Davis, M. D.
Willow Springs, 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.

DR. J. C. B. DAVIS
PHYSICIAN & SURGEON
WILLOW SPRINGS, MO.

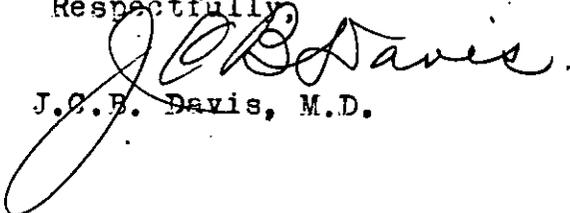
May 18, 1935

This is to certify that I attended Quintin Edwin Morse who died in Hutton Valley, Mo. April 3, 1932.

I have information that no record of his death is found in the records of the registrar's office at Hutton Valley, Mo. or with the State Registrar at Jefferson City, Mo.

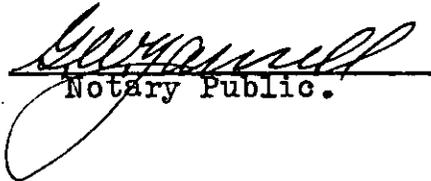
Therefore I am filling out this day, ^{May 18, 1935,} ~~a day~~ a death certificate for said Quintin Edwin Morse.

Respectfully,


J.C.B. Davis, M.D.

JCBD MM

Subscribed and sworn to before me at my office in Willow Springs, Howell County, State of Missouri, this 18th day of May, 1935.


Notary Public.

My commission expires September 10, 1936.