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

Do not use this space.

File No. 13835

Registered No.

MAY 28 1932

96 22 7

1. PLACE OF DEATH

County St. Louis — Registration District No. 1790

Township Central — Primary Registration District No. 6033-1

City Clayton, Mo (No. St. Louis County Hospital St. Ward)

2. FULL NAME Samuel Harrison Morton

(a) Residence. No. 7303 Lindberg Drive St., Ward. (If nonresident, give city or town and State)
(Usual place of abode)

Length of residence in city or town where death occurred ~~yrs.~~ -- mos. 19 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~~ Isabell Francis Morton

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 27, 1862

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
69	10	-----	

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work: Real estate Agent

(b) General nature of industry, business, or establishment in which employed (or employer): Office 154

(c) Name of employer: Personal business

9. BIRTHPLACE (CITY OR TOWN) Sparta, (STATE OR COUNTRY) Illinois

PARENTS

10. NAME OF FATHER Andrew Morton

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

12. MAIDEN NAME OF MOTHER Kathryn Stewart

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

14. INFORMANT Mrs. Isabell F. Morton (wife)
(Address) 7303 Lindberg-Richmond Heights

15. FILED Ap 28, 1932 R. W. Sullivan REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4/27 1932

17. I HEREBY CERTIFY, That I attended deceased from ....., 19....., to ....., 19.....
that I last saw h..... alive on ....., 19....., and that death occurred, on the date stated above, at 10:40 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Accidental fall on lawn while cutting grass 1 hr.

1 hr. (duration) yrs. mos. 13 ds.

(1) Fractured left hip

CONTRIBUTORY (SECONDARY) (2) Bronchitis pneumonia (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED (5) Richmond Ht.

IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? No DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Medical History

(Signed) John O'Connell M.D.

4/28, 19 32 (Address) Coroner St. Louis Co.

*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: Sparta, Randolph County Illinois. DATE OF BURIAL: Apr 29, 1932

20. UNDERTAKER: Allen W. McLaughlin ADDRESS: Webster Gro

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.