

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

Do not use this space.

19203

1. PLACE OF DEATH

39 County Meramec Registration District No. 318
 3 Township _____ Primary Registration District No. 2001
 5 City Springfield (No. _____) St. _____ Ward _____

File No. _____
 Registered No. _____

2. FULL NAME

Louis Morisset

(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. da. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 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 J. D. Morisset

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
42 4 16

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Keeper

(b) General nature of industry, business, or establishment in which employed (or employer) 235

(c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Sparta Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Tom Ferguson

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

12. MAIDEN NAME OF MOTHER Brendy Walker

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

14. INFORMANT J. D. Morisset
 (Address) Sparta Mo

15. FILED _____, 19 _____ REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) June 5 1932

17. I HEREBY CERTIFY, That I intended deceased from June 5 1932 to June 5th 1932 that I last saw her alive on June 5th 1932 and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH WAS AS FOLLOWS:
Accidental - Automobile
wreck.
210 G
210 M (duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (duration) _____ yrs. _____ mos. _____ ds.

18. WHERE WAS DISEASE CONTRACTED (1)
 IF NOT AT PLACE OF DEATH _____

3 DID AN OPERATION PRECEDE DEATH? Yes DATE OF June 5th 32

WAS THERE AN AUTOPSY? Yes
 WHAT TEST CONFIRMED DIAGNOSIS? Phys at
H.H. Rose, M. D.

(Signed) _____ 1/5 .1932 (Address) Sparta Mo

*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 Mo DATE OF BURIAL 6/8 1932

20. UNDERTAKER B. C. Klepper ADDRESS Orank.

Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

AUG 23 1932

32 - 6 - 35
42 - 4 - 16

90 - 1 - 19

STATIONER
1000 10th St. N.W.
WASHINGTON, D.C.

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WASHINGTON, D.C.

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. Springfield Baptist Hospital) Ward _____

File No. _____
 Registered No. 467a

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward. Sparta, Mo.
 (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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF J. D. Morrisset

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan - 19 - 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
42 4 16

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housekeeper

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) Sparta, Mo.

13. NAME Tom Ferguson

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME Mandy Walker

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo

17. INFORMANT (ADDRESS) J. D. Morrisset Sparta, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Sparta, Mo DATE 6/8 - 1932

19. UNDERTAKER (ADDRESS) B. C. Klepper Ozark

20. FILED 9 - 9 - 1932 Ralperofangst Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 5 - 1932

22. I HEREBY CERTIFY That I attended deceased from June 5 - 1932 to June 5 - 1932.
 I last saw her alive on June 5 - 1932. Death is said

to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:

accidental automobile
wreck

fractured skull & separated brain, dying

Other contributory causes of importance: whence brought to hospital. 2/10 201

Name of operation no Date of _____
 What test confirmed diagnosis? physical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? accident Date of injury June 5, 1932

Where did injury occur? Went to highway 7 to 5

Ozark Christian (Specify city or town, county, and State) 1 1/2

Specify whether injury occurred in industry, in home, or in public place.

Curve on hill; three cars involved

Manner of injury Collision when one tried to pass another

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____

(Signed) H. G. Wise, M. D.

(Address) Sparta, Mo.

Dr. Wilbur Smith gave information

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

STATE OF MISSOURI, DEPARTMENT OF HEALTH, BUREAU OF VITAL STATISTICS, SPRINGFIELD, MISSOURI. EXACT STATEMENT OF OCCUPATION IS VERY IMPORTANT.

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