

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.

NOV 29 1932

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

Do not use this space.

34493

1. PLACE OF DEATH  
104 County Stone Registration District No. 842  
Township Curse Primary Registration District No. 6104  
City (No. ) St. Ward

2. FULL NAME J. H. Morris  
(a) Residence, No. Courtesy farm 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. 2 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) 20

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 28 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
57 4 29

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer 1

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) Stone Co Mo 1

13. NAME Robert Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Taney, Mo

15. MAIDEN NAME Sarah Caffer

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

17. INFORMANT Mrs Sarah Baker  
(ADDRESS) Husler Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason's Cemetery DATE 10-28 1932

19. UNDERTAKER J. H. Wilton  
(ADDRESS) Craig Mo

20. FILED 10-28 1932 Mrs Ethel Duggitt  
Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-27, 1932

22. I HEREBY CERTIFY, That I attended deceased from 10-26, 1931, to 10-27, 1931  
I last saw him alive on 10-27, 1932 Death is said to have occurred on the date stated above, at 4:00 P.M.  
The principal cause of death and related causes of importance were as follows:  
Arteriosclerosis Date of onset  
95A 95A

Other contributory causes of importance: ①

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 JR Duggitt, M. D.  
(Signed) Craig Mo  
(Address) no.

