

MAR 3 1933

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

Do not use this space.

2675

1. PLACE OF DEATH

County Pettis Registration District No. 670 File No. _____
Township Heath Creek Primary Registration District No. 5896 Registered No. _____
City Nelson Mo. (No. _____) St. _____ Ward _____

2. FULL NAME

Alexander Lively Morris
(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 7 yrs. - mos. - ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W.</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF _____ (OR) WIFE OF <u>Olga Jane Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Jan 17-1861</u>		
7. AGE	YEARS	MONTHS
<u>71</u>	<u>11</u>	<u>21</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farming</u>		
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) <u>Jan 1, 1933</u>		
11. Total time (years) spent in this occupation. <u>71</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Kentucky</u>		
13. NAME <u>Simon Morris</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown Kentucky</u>		
15. MAIDEN NAME <u>unknown</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>unknown unknown</u>		
17. INFORMANT (ADDRESS) <u>B. W. Morris</u> <u>maama Florida</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Brazil Indiana</u> DATE <u>Jan 13, 1933</u>		
19. UNDERTAKER (ADDRESS) <u>Hayes & Stocklein</u> <u>Pilot Grove Mo</u>		
20. FILED <u>1/14</u> , 19 <u>33</u> <u>Flossie Ferguson</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

1. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 8, 1933

2. I HEREBY CERTIFY That I attended deceased from Jan 3, 1933, to Jan 8, 1933
last saw him alive on Jan 8, 1933 Death is said to have occurred on the date stated above, at 9:10 a.m.

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

Lobar Pneumonia Date of onset Jan 3

Other contributory causes of importance:

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ 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? No

If so, specify _____

(Signed) W. S. Barnes, M. D.(Address) Pilot Grove Mo

WHITE PLAIN, 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.

