

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

Do not use this space.

9061

**1. PLACE OF DEATH**

County Dent  
Township Osage  
City Osage (No. \_\_\_\_\_) St. \_\_\_\_\_ Ward \_\_\_\_\_

Registration District No. 266  
Primary Registration District No. 5375

File No. \_\_\_\_\_  
Registered No. 218

**2. FULL NAME** Fredinand Monroe Morris

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

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. (If nonresident, give city or town and State)

**PERSONAL AND STATISTICAL PARTICULARS**

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 2 1854

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ..... hrs. or ..... min.  
79 27 15

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

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) Mo

13. NAME Caleb Morris

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

15. MAIDEN NAME Rev. W. W. Sellers

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

17. INFORMANT Noah Sellers (ADDRESS) Boss Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Boss Cem DATE 3/18/33 19. \_\_\_\_\_

19. UNDERTAKER Carl K Spencer (ADDRESS) Salem Mo

20. FILED 3/19 1933 W. C. Riddell, Under Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 17 1933

22. I HEREBY CERTIFY, That I attended deceased from March 12 1933, to March 17 1933

I last saw him alive on March 12 1933 Death is said

to have occurred on the date stated above, at 11:00 A M

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

Arterio Sclerosis Date of onset \_\_\_\_\_  
Arterial Hypertension  
Cerebral apoplexy

Other contributory causes of importance: \_\_\_\_\_

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 \_\_\_\_\_

(Signed) W. W. McElroy M. D.  
(Address) Salem Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

APR 24 1933

