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

MARGIN RESERVED FOR BINDING

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.

APR 24 1933

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

Do not use this space.

10496

1. PLACE OF DEATH

County Nodaway — Registration District No. 625 — File No.

Township Polk. — Primary Registration District No. 3031 — Registered No. 39

City Maryville Mo. (No. , St. Ward)

74

9

2. FULL NAME Harry A. Morris.

(a) Residence, No. 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. 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 Bulah Morris.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 23 1885

7. AGE

| YEARS | MONTHS | DAYS | If LESS than 1 day, hrs. or min. |
|---|---|---|---|
| 47 | 7 | 7 | |

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Barber 51

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. 53

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) Scotland.

FATHER

13. NAME James Morrison

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

MOTHER

15. MAIDEN NAME Not Known.

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

17. INFORMANT (ADDRESS) Bulah Morris. Maryville Mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Cain Cemetery DATE March 31 1933

19. UNDERTAKER (ADDRESS) Price Funeral Home Maryville Mo.

20. FILED 3-31 1933 Mamie E. Clardy Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 30 1933, 19

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1933 to March 21, 1933

I last saw him alive on March 21, 1933 Death is said to have occurred on the date stated above, at 7 15 A

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

Date of onset

Ca of Urinary Bladder 51

Other contributory causes of importance:

Metastases to other parts of body

Name of operation Suprapubic Drainage Date of 3-8-33

What test confirmed diagnosis? Clinical 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. R. Jackson, M. D.

(Address) Maryville, Mo.