

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

MAR 31 1933
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.

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

Do not use this space.

11986

97

1. PLACE OF DEATH

County Saline Registration District No. 798
Township Salt Fork Primary Registration District No. 6049
City Wapton, Mo. (No.) St. Ward)

File No.
Registered No.

2. FULL NAME

Archibald 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 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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 5, 1850
7. AGE YEARS MONTHS Days If LESS than 1 day, hrs. or min.
82 10 8

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) Taylor Ky.

13. NAME Samuel Morris

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

15. MAIDEN NAME Annis French

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

17. INFORMANT Ida C. Hazell (Daughter) (ADDRESS) Marshall, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE mt. Olive DATE Mar 11 1933

19. UNDERTAKER J. L. Sweeney (ADDRESS) Marshall, Mo.

20. FILED 3/10 1933 Mrs. Hall Williams Registrar.

2. MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-9 33
22. I HEREBY CERTIFY, That I attended deceased from Jan 1 1933 to Mar 9 1933
I last saw him alive on Mar 8 1933 Death is said to have occurred on the date stated above, at 10 A. m.

The principal cause of death and related causes of importance were as follows:
Mitral Regurgitation
960 Nov 1932
920
Other contributory causes of importance:
Autopsy terminal Nov 1932

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? no Date of injury, 19.....
Where did injury occur? no (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place no

Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no
If so, specify
(Signed) Archibald Morris, M. D.
(Address) Marshall Mo.

