MAY 22 1933

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

Do not use this space.

12380

1. PLACE OF DEATH

10 County Boone — Registration District No. 73 — File No.

9 Township Columbia — Primary Registration District No. 3006 — Registered No. 90

8 City Columbia (No. ..... St. ..... Ward)

2. FULL NAME Thos. J. Morris

(a) Residence, No. 8th & Walnut 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): widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 7-4-1861

7. AGE: Years 71 | Months 9 | Days 20 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

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

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): Callaway Co. Missouri

FATHER

13. NAME: Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

MOTHER

15. MAIDEN NAME: Don't Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Don't Know

17. INFORMANT (ADDRESS): Thos. Morris Columbia, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE: Columbia Mo. Cem. DATE: 4/26 33

19. UNDERTAKER (ADDRESS): Thos. McHary Columbia Mo.

20. FILED: 4/27/ 1933 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 4-23-1933

22. I HEREBY CERTIFY, That I attended deceased from Apr. 23, 1933, to ....., 19..... I last saw h... alive on ....., 19..... Death is said to have occurred on the date stated above, at ? P. m. Apr 23rd 33

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

	Date of onset
Suicide by Gun-shot Wounds - Self inflicted	

Other contributory causes of importance:

Name of operation: ..... Date of: .....

What test confirmed diagnosis? Coroner's Jury Was there an autopsy? Yes.

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury Apr 23, 1933

Where did injury occur? In his room 8th & Walnut (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) E. G. Dunn, Coroner, ~~M. D.~~

(Address) Columbia 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

SEP 4 1951