

WRITE PLAINLY, 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.

JUL 22 1933

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

Do not use this space.

1. PLACE OF DEATH
 45 County Ray Registration District No. 379
 4 Township Clinton Primary Registration District No. 4223
 2 City Warrenton No. _____ St. _____ Ward _____

2. FULL NAME Frank Morris
 (a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 62 yrs. mos. ds. How long in U. S., if of foreign birth? 62 yrs. mos. ds. (If nonresident, give city or town and State)

File No. 16382

Registered No. _____
St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE Black 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 5-17-1871

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
62

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

FATHER
 13. NAME Not Known
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

MOTHER
 15. MAIDEN NAME not known
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Carroll Stabelton Glasgow Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Glasgow Mo. DATE 5-18-33

19. UNDERTAKER (ADDRESS) Wm. Miller Glasgow Missouri

20. FILED 6-27 1933 Carroll Stabelton Registrar.

2 MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from May 9 1933, to May 17 1933. I last saw him/her alive on May 17 1933. Death is said to have occurred on the date stated above, at 8 A.M.. The principal cause of death and related causes of importance were as follows:
Chronic endocarditis
Chronic arthritis

Other contributory causes of importance:
Chronic arthritis

Name of operation _____ Date of _____
 What test confirmed diagnosis? Clinical 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? No
 If so, specify _____
 (Signed) Carl C. Heger M.D.
 (Address) Glasgow, Mo.

Date of onset
not known

