

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.

NOV 10 1933

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

Do not use this space.

22987 A

1. PLACE OF DEATH
 4 County West Plains, Mo Registration District No. 3824
 3 Township Haydel, Co. Primary Registration District No. 4727
 4 City Haydel, Co. (No. _____) St. _____ Ward _____
 2. FULL NAME Namaw E. Morrison
 (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.

File No. 69
 Registered No. _____
 St. _____ Ward _____

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Widow
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Wm Morrison
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 8-1860
 7. AGE YEARS 72 MONTHS 8 DAYS 19 If LESS than 1 day, _____ hrs. or _____ min.
 OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Housewife
 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) Mercer Co., Pa.
 13. NAME Don't know
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 15. MAIDEN NAME _____
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____
 17. INFORMANT Maryann Morrison
 (ADDRESS) West Plains, Mo.
 18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE 7-19-33
 19. UNDERTAKER McFarland & Co.
 (ADDRESS) West Plains, Mo.
 20. FILED 8-10-33 19. 33 O.P.A. Del. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7-19-33
 22. I HEREBY CERTIFY, That I attended deceased from 4-30-33, 1933, to 7-17-33, 1933
 I last saw him alive on 7-5-33, 1933. Death is said to have occurred on the date stated above, at 1:30 P.M. in _____
 The principal cause of death and related causes of importance were as follows:
Carcinoma of liver Date of onset 1933
HLES 46
 Other contributory causes of importance: _____
 Name of operation _____ Date of _____
 What test confirmed diagnosis? exam 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) E. Claude Rohrer, M. D.
 (Address) West Plains, Mo.

