

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

Do not use this space.

25586

1. PLACE OF DEATH

7 County Bates Registration District No. 50
3 Township Primary Registration District No. 3064
4 City Butler (No. Butler Memorial Hospital St. Ward)

2. FULL NAME Alvin 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 1, 1904

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
28 11 15

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) Bates Co
(STATE OR COUNTRY) Missouri

13. NAME Harve Morris

14. BIRTHPLACE (CITY OR TOWN) Bates Co
(STATE OR COUNTRY) Missouri

15. MAIDEN NAME Elyza Pilgrum

16. BIRTHPLACE (CITY OR TOWN) Butte Co
(STATE OR COUNTRY) Mo.

17. INFORMANT Harve Morris
(ADDRESS) Butler Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE morris DATE Aug 18 1933

19. UNDERTAKER butlers
(ADDRESS) Butler Mo

20. FILED 8/18 1933 Mina L. Colver
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 16 1933

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1933 to Aug 16 1933

I last saw him alive on Aug 16 1933 Death is said to have occurred on the date stated above, at 2 P. m.

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

Pyohoid Fever Date of onset
10/3/33
Other contributory causes of importance:
Intra-cerebral hemorrhage

(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? 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? Yes
If so, specify

(Signed) R. J. Cook , M. D.
(Address) Butler Mo.

SEP 26 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.

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