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

Do not use this space.

File No. 27233

Registered No. 41

1. PLACE OF DEATH
County: Francis
Township: Hallan
City: Bollard (Village) (Ward) St. (Ward)
Registration District No. 656
Primary Registration District No. 6281

2. FULL NAME: Opie Morris

(a) Residence. No. (Usual place of abode) St., Ward. (If nonresident, give city or town and State)

Length of residence in city or town where death occurred 12 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

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.

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): Sep-30-1906

7. AGE: Years 26 (1906) Months 10. Days 24 (14) If LESS than 1 day, ... hrs. or ... min.

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farmer
(b) General nature of industry, business, or establishment in which employed (or employer):
(c) Name of employer:

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Hundson Co Tenn

PARENTS
10. NAME OF FATHER: Will Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Fredonia Ky.
12. MAIDEN NAME OF MOTHER: X X
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): X X

14. INFORMANT: M. L. Parham
(Address): Cooter Mo.

15. FILED 9-9 1933 A. Harrison REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 8/18 1933

17. I HEREBY CERTIFY, That I attended deceased from 8/16 1933 to 8/18/33 1933 that I last saw h. alive on 8/17/33 1933, and that death occurred, on the date stated above, at 1 a. m. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute Congestion
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Impacted Bowels
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: At home
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No. DATE OF:
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Physical
(Signed) T. A. McGhee, M. D.
, 19 (Address) Steele Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL: Mo MO 8.
DATE OF BURIAL: Aug 8 1933

20. UNDERTAKER: L. F. Moser
ADDRESS: Caruthersville Ark.