

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

Do not use this space.

8

1. PLACE OF DEATH

County ADAIR

Registration District No. 4

File No. _____

Township _____

Primary Registration District No. 3001

Registered No. 8

City KIRKSVILLE MO (No. _____)

St. _____ Ward _____

2. FULL NAME DANIEL A MORROW

(a) Residence, No. 710 WEST GEORGE 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)
MARRIED

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) OCT 8th 1882

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day,	
				hrs.	min.
<u>52</u>	<u>3</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. WOOD WORKER

10. Date deceased last worked at this occupation (month and year) UNTIL DEATH

11. Total time (years) spent in this occupation 30

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ADAIR CO MO

13. NAME L A MORROW

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND

15. MAIDEN NAME MADDY MAXWELL

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IND

17. INFORMANT (ADDRESS) Wm Daniel Morrow
KIRKSVILLE MO

18. BURIAL, CREMATION, OR REMOVAL
PLACE SLOAN POINT DATE 2 10 1934

19. UNDERTAKER (ADDRESS) Spencer Freeman
KIRKSVILLE MO

20. FILED Jan 11 1934 Spencer Freeman
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 1-8 1934

22. I HEREBY CERTIFY, That I attended deceased from Oct 4th, 1931, to Jan 8th, 1934

I last saw him alive on Jan 8, 1934. Death is said to have occurred on the date stated above, at 3:30 pm.

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

Oct. 1933 Date of onset

Cerebral Thrombosis

82 B Hemiplegia

82 D

82 A

11 1/2

Other contributory causes of importance:

Basilar Aneurysm

Name of operation none Date of _____

What test confirmed diagnosis? clinical 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? _____
If so, specify _____

(Signed) Geo F. Sured, M. D.
(Address) 124 1/2 N. Franklin Kirksville Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

FEB 27 1934

Sured

