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

Do not use this space.

9580

APR 25 1934

1. PLACE OF DEATH
County: Linn
Township: Brookfield
City: ..... (No. ....., ..., St. ..... Ward)

Registration District No. 496
Primary Registration District No. 566a

File No. .....
Registered No. 93

2. FULL NAME: Wm. D. Morris

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

Length of residence in city or town where death occurred 65 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): 2/5/1867

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
67	1	5	

OCCUPATION

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) (STATE OR COUNTRY): Brookfield Mo

FATHER

13. NAME: Maddison Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known Virginia

MOTHER

15. MAIDEN NAME: Sarah Moore

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Not Known Not Known

17. INFORMANT: Mrs. Leo. Schafer
(ADDRESS) Brookfield Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE: Old New Garden DATE: 3/12/34, 19

19. UNDERTAKER: C. W. Tiel
(ADDRESS) Brookfield Mo

20. FILED 3-12-34, 19 J. H. Lucas, Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): 3/10/34, 19

22. I HEREBY CERTIFY, That I attended deceased from 3-6, 1934, to 3/10, 1934.
I last saw h. alive on 3/10, 1934. Death is said to have occurred on the date stated above, at 9:00 p.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Bronchopneumonia	4 da
IIA	
IIIA	
Other contributory causes of importance:	
Influenza	7 da

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? No 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) Jno. McLain, M. D.
(Address) Brookfield, Mo.

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD