

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

Do not use this space.

1. PLACE OF DEATH
 County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 300.6
 City Columbia (No. _____) St. _____ Ward _____

2. FULL NAME Homer Lee Morrow
 (a) Residence, No. University Hospital 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. 15750
 Registered No. 132

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M 4. COLOR OR RACE W 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) 2-5-1933

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
1 3 26

OCCUPATION
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. at home
 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) Missouri

FATHER
 13. NAME Lewis Morrow
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

MOTHER
 15. MAIDEN NAME Lina Brumbaugh
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

17. INFORMANT (ADDRESS) Lewis Morrow, Lewistown, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Lewistown Mo DATE 6-7-34

19. UNDERTAKER (ADDRESS) Parker, J. C. (M.D.) Columbia, Mo

20. FILED 5731, 1934 Allie Selby Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-31, 1934

22. I HEREBY CERTIFY, That I attended deceased from 5-12, 1934 to 5-31, 1934
 I last saw him alive on 5-31, 1934. Death is said to have occurred on the date stated above, at 5A m.
 The principal cause of death and related causes of importance were as follows:
Acute Hepatitis
 Date of onset 5/30/34

Other contributory causes of importance:
Cholelithiasis

Name of operation Cleft Palate Crane Date of 5-29-34
 What test confirmed diagnosis? Autopsy Was there an autopsy? Yes

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) Wm. H. Stewart M. D.
 (Address) Columbia, 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.

WHITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

JUN 20 1934

