

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

Do not use this space.

1. PLACE OF DEATH

County Jasper Registration District No. 411 File No. 25110
 Township Jasper Primary Registration District No. 2002 Registered No. _____
 City Jasper (No. St. Johns Hospital) St. _____ Ward _____

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 13 - 1886

7. AGE YEARS 48 MONTHS 11 DAYS 17 If LESS than 1 day, _____ hrs. or _____ min.

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

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) Saline Mo.

13. NAME James E. Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo.

15. MAIDEN NAME Myra Trout

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Saline Mo.

17. INFORMANT Myra Morris (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Jasper DATE 7/24/34

19. UNDERTAKER Hazel Wood (ADDRESS) Jasper, Mo.

20. FILED 7-20-1934 Ed Jones Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/20/34

22. I HEREBY CERTIFY, That I attended deceased from July 20 1934 to July 20 1934. I last saw him alive on July 19 1934. Death is said to have occurred on the date stated above, at 6:30 m.

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

Cerebral Hemorrhage, apoplexy.
92A

Other contributory causes of importance: GM

Name of operation _____ Date of _____
 What test confirmed diagnosis? autopsy 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? no
 If so, specify _____ (Signed) W. Coombs, M. D.
 (Address) Jasper, Mo.

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

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.

JUL 27 1934

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