

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

Do not use this space.

25473

1. PLACE OF DEATH

County Marion
Township Marion
City Hannibal (No. St. Elizabeth Hospital Ward)

Registration District No. 547
Primary Registration District No. 3079

File No. 196
Registered No. 196

2. FULL NAME

William Morkin
(a) Residence, No. 6 St., Clapper Mo (If non-resident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. 3 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 Mary M. Morkin

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug. 16 - 1856

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>77</u>	<u>10</u>	<u>19</u>	

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

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) Palmyra Mo.

13. NAME William Morkin

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

15. MAIDEN NAME Mary Burner

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dublin Ireland

17. INFORMANT (ADDRESS) Mary M. Morkin
Monroe City Mo R-1

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stephens Cemetery DATE July 7 1934

19. UNDERTAKER (ADDRESS) Wilson & Son
Monroe City Mo

20. FILED July 6, 1934 R. H. Webster
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 5th 1934

22. I HEREBY CERTIFY That I attended deceased from July 4, 1934, to July 6, 1934.
I last saw him alive on July 5, 1934. Death is said to have occurred on the date stated above, at 9:30 p.m.

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

tetanus
22
24
22

Other contributory causes of importance:
shank splinter in finger about 2 weeks previous.

(Name of operation none Date of)
What test confirmed diagnosis? Paul Spatz 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) A. J. Shauver, M. D.
(Address) Hannibal 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.

AUG 29 1934

