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

Do not use this space.

1. PLACE OF DEATH SEP 18 [redacted]

County: Greene — Registration District No. 325

Township: Walnut Grove — Primary Registration District No. 5450

City: do. do. (No. ..... St. ..... Ward)

File No. 29001

Registered No.

2. FULL NAME: Samuel A. Morris

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

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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED
HUSBAND OF (OR) WIFE OF Ethel Mattie 1857

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) August 22 1857

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
	76	11	28	

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. Carpenter

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) Davenport N. Y.

FATHER

13. NAME John Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

MOTHER

15. MAIDEN NAME Mary Ann Mitchell

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) New York

17. INFORMANT Mrs Samuel A Morris
(ADDRESS) Walnut Grove Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Fordland Mo DATE Aug-23 1934

19. UNDERTAKER Brim Funeral Home
(ADDRESS) Walnut Grove Mo

20. FILED Aug 23 1934 L E McClure Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) August 20 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 16 1934, to Aug 20 1934

I last saw him alive on Aug 20 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:

	Date of onset
Cancer of Prostate	
51C	

Other contributory causes of importance:

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? .....

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) L E McClure, M. D.

(Address) Walnut Grove Mo

MAR 30 1955

APR -1 1955