

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

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

Do not use this space.

SEP 20 1934

29541
3960

1. PLACE OF DEATH
 County Jasper Registration District No. 399
 Township East Primary Registration District No. 1092
 City Wesmo (No. St. Joseph's Hospital) Registered No. 3960
 St. _____ Ward _____

2. FULL NAME Baby Morrison
 (a) Residence, No. 2642 Cypress St. Ward. _____
 (Usual place of abode)
 Length of residence in city or town where death occurred _____ yrs. mos. da. 1/2 How long in U. S., if of foreign birth? _____ yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Single</u>	
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF _____			
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 23-34</u>			
7. AGE	YEARS	MONTHS	DAYS
			<u>1 1/2</u>
			If LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>None</u>		
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>None</u>		
	10. Date deceased last worked at this occupation (month and year) <u>None</u>		
11. Total time (years) spent in this occupation <u>None</u>			
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Wesmo</u>			
FATHER	13. NAME <u>Daniel Joseph Morrison</u>		
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Edinburg, Scotland</u>		
MOTHER	15. MAIDEN NAME <u>Mary Kalouhi Morrison</u>		
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Frontenac, Kans</u>		
17. INFORMANT <u>Vincent Williams, M.D.</u> (ADDRESS) <u>736 Argyle Bldg, Wesmo</u>			
18. BURIAL, CREMATION, OR REMOVAL			
PLACE <u>St. Marys Cem</u>		DATE <u>8/27/34</u>	
19. UNDERTAKER (ADDRESS) <u>H. S. Mayberry</u>			
20. FILED <u>75</u> 19 <u>34</u> <u>M. M. Crowe</u> Registrar.			

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 24-34

22. I HEREBY CERTIFY, That I attended deceased from Aug 23-34 to Aug 24-34, 1934.
 I last saw him alive on Aug 24, 1934. Death is said to have occurred on the date stated above, at 7 P. m.
 The principal cause of death and related causes of importance were as follows:
Prematurity
Atelectasis of lungs
Patent ductus Botelli
 Date of onset 159
161

Other contributory causes of importance:
159

Name of operation None Date of _____
 What test confirmed diagnosis? _____ 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? _____
 If so, specify _____
 (Signed) Vincent Williams, M. D.
 (Address) 736 Argyle Bldg

