

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.

SEP 6 1934

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

Do not use this space.

29713

1. PLACE OF DEATH

County Jasper Registration District No. 408  
Township Marion Primary Registration District No. 5262  
City (No. ....) St. .... Ward)

2. FULL NAME William James Morris

(a) Residence, No. Carthage, Mo. R. 2 Ward. ....  
(Usual place of abode)  
Length of residence in city or town where death occurred 18 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED  
~~HUSBAND OF~~  
(OR) WIFE OF Lucy Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) May 6-1858

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, ..... hrs. or ..... min.  
81 5 4

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Rancher  
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) Fairfield Ill

FATHER 13. NAME M. W. Morris

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

MOTHER 15. MAIDEN NAME Martha Shaw

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Tenn.

17. INFORMANT (ADDRESS) Mrs. S. C. Benjamin Carthage Mo. R. 2

18. BURIAL, CREMATION, OR REMOVAL PLACE Part Cemetery DATE 8-13-1934

19. UNDERTAKER (ADDRESS) Whiner - Carthage Mo

20. FILED Aug. 11, 1934 J. P. Clifton Registrar.

4 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 10, 1934

22. I HEREBY CERTIFY, That I attended deceased from Aug 3 1934, to Aug 10 1934.  
I last saw him alive on Aug 6 1934. Death is said to have occurred on the date stated above, at 5:28 p.m.

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

Cardiac weakness  
myocardial degeneration  
zoethemia  
1911  
Other contributory causes of importance: Dysentery & heart prostration  
Date of onset Aug. 3

Name of operation ..... Date of .....  
What test confirmed diagnosis Clinical 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) J. P. Dordonnier, M. D.  
(Address) Carthage Mo

