

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.

1 OCT 25 1934

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

Do not use this space.

33308

1. PLACE OF DEATH

County Lawrence Registration District No. 1070
Township Mt Pleasant Primary Registration District No. 5628-
City..... (No.....) St..... Ward.....

File No. I
Registered No. I

2. FULL NAME

William B. Morris

(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) Married
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mary Morris
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 1 1863
7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 7 15

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Retired
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) Lawrence Mo

FATHER
13. NAME James Morris
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER
15. MAIDEN NAME Susan Cagle
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT (ADDRESS) Mrs W. B. Morris
Piece City Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Mt. Olivet DATE Sept 16 1934

19. UNDERTAKER (ADDRESS) Wm Russell
Piece City Mo

20. FILED Sept 16 1934 E. B. Wright
Registrar.

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 14 1934
22. I HEREBY CERTIFY, That I attended deceased from Sept 11 1934 to Sept 14 1934
I last saw him alive on Sept 14 1934. Death is said to have occurred on the date stated above, at 7:30 P m.
The principal cause of death and related causes of importance were as follows:

Chronic Myocarditis
Chronic Mitral Stenosis
Chronic paltrichematous nephritis
Date of onset Don't know
Other contributory causes of importance:
Chronic paltrichematous nephritis
Don't know

Name of operation None Date of.....
What test confirmed diagnosis?..... Clinical. Was there an autopsy?..... No

23. If death was due to external cause (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) L. Mason Lyons, M. D.
(Address) 101 Elm St
Piece City Mo

