

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.

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

Do not use this space.

36841

1. PLACE OF DEATH

County Nodaway
Township
City Maryville

Registration District No. 625
Primary Registration District No. 2031
(No. St Francis Hospital)

File No.
Registered No. 118
St. Ward

2. FULL NAME

Samuel Farley Morrow
(a) Residence, No. Bever, Mo. St. Ward.

(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. (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) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Elna Rivers Morrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 28, 1891

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
42 9 27

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. ccc Employee
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) Macon Co. Missouri

MOTHER FATHER 13. NAME Johnson Morrow

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

15. MAIDEN NAME Melissa E. Vernon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Macon Co. Mo.

17. INFORMANT Mrs. George B. Lewis
(ADDRESS) Palmyra, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Bever, Mo. DATE 10-26, 1934

19. UNDERTAKER Campbell Funeral Home
(ADDRESS) Maryville, Mo.

20. FILED 10-25, 1934 Mamie E. Clardy
Registrar

3 MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-25, 1934

22. I HEREBY CERTIFY, That I attended deceased from 10-28, 1934, to 10-25, 1934

I last saw him alive on 10-25 - 30, 1934. Death is said to have occurred on the date stated above, at 6:30 p.m.

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

Crushing injury to chest.
2 fractures of ribs & fr. 3-4-5-6
1 th. Rt ribs
187
21

Other contributory causes of importance:
Dislocation Rt shoulder
fract. diaphragm

Name of operation None Date of
What test confirmed diagnosis Phy Exam Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Accident Date of injury 10-28, 1934

Where did injury occur? Maryville, Mo.
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.
Pub. place

Manner of injury by land

Nature of injury as above

24. Was disease or injury in any way related to occupation of deceased? Yes

If so, specify Jack Lowder

(Signed) Jack Lowder

(Address) Maryville, Mo.
Coroner, Nodaway Co.

