

NOV 21 1934

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

Do not use this space.

38292

1. PLACE OF DEATH

County Vernon Registration District No. 871 File No.
Township Metz Primary Registration District No. 6154 Registered No. 14
City (No.) St. Ward

2. FULL NAME

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 4 - 1934

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
7 18

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.

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) Vernon Co. Mo.13. NAME Miles Leroy Morris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.15. MAIDEN NAME Thelma L. Winterbottom16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo.17. INFORMANT Minnie Winterbottom
(ADDRESS) metz mo

18. BURIAL, CREMATION, OR REMOVAL

PLACE Little Rock Cem. DATE Oct 24 193419. UNDERTAKER Pond & Reardon
(ADDRESS)20. FILED Oct 23 1934 C. W. Mueser Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 22 - 1934

22. I HEREBY CERTIFY, That I attended deceased from

Oct 17 - 1934 to Oct 22 1934I last saw him alive on Oct 21 1934. Death is saidto have occurred on the date stated above, at 11 P.M.

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

Enteritis - Acute Date of onset Oct. 15119 BOther contributory causes of importance: 119 B

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? No

If so, specify

(Signed) E. R. King M. D.(Address) Nevada, Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

