DEC 2 0 1934

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

Do not use this space.

File No. 40486

Registered No. 14

1. PLACE OF DEATH
County: St. Charles — Registration District No.: 759
Township: Cottaway — Primary Registration District No.: 6000
City: ..... (No. ....., ... St. ..... Ward)

2. FULL NAME: Harry C. Morton

(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: 2 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Oct. 26 - 1885

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, ...hrs. or ....min.
	49	~~28~~ 0	29	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: Farming
(b) General nature of industry, business, or establishment in which employed (or employer): ?
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN): Montgrille
(STATE OR COUNTRY): Mo

PARENTS

10. NAME OF FATHER: Philip Morton
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Montgrille Mo
12. MAIDEN NAME OF MOTHER: Sadosa Washington
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind. Anon

14. INFORMANT: Gertrude Lovel.
(Address): 3103 Washington

15. Nov 25, 1934 — C. J. Mullen, Jr. Mo. — REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Nov 24 1934

17. I HEREBY CERTIFY, That I attended deceased from Sept 4th, 1934, to Nov 24, 1934, that I last saw him alive on Nov 17, 1934, and that death occurred, on the date stated above, at 8:45 P m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Carcinoma of Pylorus
46
(duration) 1 yrs. 8 mos. ds.

CONTRIBUTORY (SECONDARY): ?
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED: Vicious Cell
IF NOT AT PLACE OF DEATH:
DID AN OPERATION PRECEDE DEATH? No. DATE OF:
WAS THERE AN AUTOPSY? Yes
WHAT TEST CONFIRMED DIAGNOSIS? Clinical Symptoms & X Ray
(Signed) J. A. Mulvin, M. D
Nov 25, 1934 (Address) New Melle Mo.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL	DATE OF BURIAL
Hopewell Cemetery	Nov 27 1934
20. UNDERTAKER: Barner & Lovell, 3103 Washington Ave	ADDRESS: St. Louis

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.

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