APR 22 1935

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

Do not use this space.

9818

1. PLACE OF DEATH
County Marion — Registration District No. 547 — File No.
Township — Primary Registration District No. 2029 — Registered No. 66
City Hannibal (No. 215, Bird St. Ward)

2. FULL NAME Edward Grant Morrow
(a) Residence, No. 215 Bird 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 (*write* the word): Married

5A. IF MARRIED, ~~WIDOWED~~, OR ~~DIVORCED~~ HUSBAND OF (OR) ~~WIFE~~ OF Laura Jane Morrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct. 22, 1868

7. AGE: YEARS 66 — MONTHS 4 — DAYS 11 — If LESS than 1 day, ...hrs. or ....min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Grocer
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) Illinois City Illinois

FATHER
13. NAME William L. Morrow
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ohio

MOTHER
15. MAIDEN NAME Julia Ellen Bailey
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Illinois

17. INFORMANT (ADDRESS) Mrs Laura J. Morrow 215 Bird, Hannibal, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Illinois City, Ill. DATE Mar 5, 1935

19. UNDERTAKER (ADDRESS) Wm M. Smith 902 Bdwy, Hannibal, Mo.

20. FILED Mch 4 1935 R M Sholes City Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 3, 1935

22. I HEREBY CERTIFY, That I attended deceased from 2-26, 1935, to 3-3, 1935
I last saw him alive on 3-3, 1935. Death is said to have occurred on the date stated above, at 11:49a.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Myocarditis	
93 dd	

Other contributory causes of importance:

Name of operation none Date of
What test confirmed diagnosis? 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? no
If so, specify
(Signed) H. O. Daniel, M. D.
(Address) 227½ Broadway

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.