

APR 2 2 1935

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

Do not use this space.

9857

1. PLACE OF DEATH

County Marion Registration District No. 549
Township Union Primary Registration District No. 5742
City (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

John A. 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 <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF <u>Mr. Nancy Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>12-1850</u>		
7. AGE YEARS <u>85</u>	MONTHS <u>2</u>	DAYS <u>5</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.		11. Total time (years) spent in this occupation
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.		<u>Retired farmer.</u>
10. Date deceased last worked at this occupation (month and year)		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-17 1935

22. I HEREBY CERTIFY, That I attended deceased from Dec. 20 1935, to Mar. 17 1935.
I last saw him alive on Mar. 16 1935 Death is said to have occurred on the date stated above, at 1:30 a.m.

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

Mitral stenosis Date of onset _____

Other contributory causes of importance:

Senile dementia
Senility

Name of operation _____ 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) Dr. C. F. Shize D.D. M.D.
(Address) Philadelphia, Mo.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Missouri

MOTHER FATHER

13. NAME Vincent Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

15. MAIDEN NAME Stevenson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Virginia

17. INFORMANT Charles Stevenson
(ADDRESS) Philadelphia Missouri

18. BURIAL, CREMATION, OR REMOVAL
PLACE Ragar Cem. DATE 3-18 1935

19. UNDERTAKER B. M. Allen
(ADDRESS) Philadelphia, Missouri

20. FILED Mar 20 1935 Mrs. C. E. Dipton
Registrar.

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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