

JUN 24 1935

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

Do not use this space.

16709

1. PLACE OF DEATH

County Cochran  
Township Frank  
City N. E. 5th

Registration District No. 399  
Primary Registration District No. 1168A  
(No. 614 Cambridge)

File No. 2222  
Registered No. \_\_\_\_\_  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

John W. Morrison  
(a) Residence, No. 614 Cambridge 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>M</u>	4. COLOR OR RACE <u>W</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Lucie Morrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Nov 8 - 1876</u>		
7. AGE <u>57</u>	YEARS <u>6</u>	MONTHS <u>11</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>		11. Total time (years) spent in this occupation
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)		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Del</u>		
13. NAME <u>Joseph Morrison</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Del</u>		
15. MAIDEN NAME <u>Wendy Langston</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Del</u>		
17. INFORMANT <u>Mrs. Lucie Morrison</u> (ADDRESS) <u>614 Cambridge</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACED IN <u>Crematorium</u> DATE <u>May 29, 1935</u>		
19. UNDERTAKER <u>Rose &amp; Galdeman</u> (ADDRESS)		
20. FILED <u>5-29</u> , 19 <u>35</u> <u>Mam Crowe</u> <u>asst Registrar.</u>		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 27, 1935

22. I HEREBY CERTIFY, That I attended deceased from May 27, 1935 to May 27, 1935  
I last saw him alive on May 27, 1935. Death is said to have occurred on the date stated above, at 8:00 a.m.  
The principal cause of death and related causes of importance were as follows:  
Pneumonia Lobar  
Date of onset \_\_\_\_\_

Other contributory causes of importance:  
108

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Cultures Was there an autopsy? yes

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? \_\_\_\_\_  
If so, specify \_\_\_\_\_  
(Signed) A. B. Mullen, M. D.  
(Address) 920 Westport Ave. S. E.

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.

Mills