

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

Do not use this space.

NOV 25 1935

29815

1. PLACE OF DEATH

County Jackson
Township Highland
City Highland

Registration District No. 464
Primary Registration District No. 5558
(No. 8235 Highland St. Ward)

File No. _____
Registered No. 60

2. FULL NAME

(a) Residence, No. 8235 Highland 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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 29, 1935

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

22. I HEREBY CERTIFY, That I attended deceased from Aug 20, 1935 to Sept 29, 1935
I last saw him alive on Sept 28, 1935 Death is said to have occurred on the date stated above, at 5 1/2 m.
The principal cause of death and related causes of importance were as follows:

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 9-1873
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 62 6 19

Other contributory causes of importance Chronic Nephritis
Name of operation None Date of _____
What test confirmed diagnosis Phys. & Lab. Was there an autopsy? No

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Retired
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Farmer
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) Pennock Virginia

13. NAME George Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

15. MAIDEN NAME _____
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

17. INFORMANT Mr. Lorena Morrison (ADDRESS) 8235 Highland

18. BURIAL, CREMATION, OR REMOVAL PLACE Localville DATE Sept 30, 1935

19. UNDERTAKER Rose Henderson (ADDRESS) 4129 E. 10th

20. FILED Oct 30, 1935 G. R. George Registrar

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) Dean S. Pruing, M. D.
(Address) 607 Apple St

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

Dr. Pising
Rialto Bldg.