

OCT 28 1935

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

Do not use this space.

30538

## 1. PLACE OF DEATH

County Ste GenevieveRegistration District No. 780Township Ste GenevievePrimary Registration District No. 4466City Ste Genevieve (No. ....)

St. .... Ward)

2. FULL NAME Edmond Basile Morison

(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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mamie Morison6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 5<sup>th</sup> 18717. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 64 2 298. Trade, profession, or particular kind of work done, as splainer, sawyer, bookkeeper, etc. Insurance agent

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) Sept 7<sup>th</sup> 1935 11. Total time (years) spent in this occupation 30 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Missouri13. NAME Francis Morison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Missouri15. MAIDEN NAME Josephine C Kimmel16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ste Genevieve Missouri17. INFORMANT Mr. Henry Morison (ADDRESS) Ste Genevieve Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Ste Genevieve DATE Sept 10<sup>th</sup> 193519. UNDERTAKER Wm J Stanton (ADDRESS) Ste Genevieve Mo20. FILED Sept 9 1935 T.W. Douglas Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 7<sup>th</sup> 1935

22. I HEREBY CERTIFY, That I attended deceased from ..... 19....., to ..... 19.....

I last saw h..... alive on ..... 19..... Death is said

to have occurred on the date stated above, at 5 P.m.

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

(Verdict of Jury) Date of onsetdied from concussion of the brain resulting from a fall on a concrete driveway (accidental)

Other contributory causes of importance:

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy?.....

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) Wm J Stanton M.D.(Address) Ste Genevieve Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

