

DEC 18 1935

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

Do not use this space.

35605

## 1. PLACE OF DEATH

County Dallas  
Township Kinsola  
City Helena (No. ....)

Registration District No. 245  
Primary Registration District No. 5999

File No. ....  
Registered No. 9 St. .... Ward)

## 2. FULL NAME

(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) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED - HUSBAND OF (OR) WIFE OF Lidia Morrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 3 - 1886

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.  
69 4 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer  
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) Warrensburg Mo13. NAME J. M. Morrow14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Johnson Co Mo15. MAIDEN NAME Adora Reed16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cassport Mo17. INFORMANT Lidia Morrow (ADDRESS) Helena Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Howard Chapel DATE Nov 25 193519. UNDERTAKER L. B. Price (ADDRESS) supplies20. FILED Dec 18 1935 (Address) Chico Davis Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 23 - 193522. I HEREBY CERTIFY, That I attended deceased from 11/23 1935 to 11/23 1935

I last saw him alive on 11/23 1935. Death is said to have occurred on the date stated above, at 11 a. m.

The principal cause of death and related causes of importance were as follows:  
Valvular Regurgitation of Mitral Valves Date of onset

Other contributory causes of importance: Asphyxia

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 W. E. Goummon (Signed) Louisaburg Mo (Address)

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.

