FEB 11 1936

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

Do not use this space.

41977

1. PLACE OF DEATH

County ..... Registration District No. 791 File No. .....

Township ..... Primary Registration District No. ..... Registered No. 67

City St. Louis Mo (No. City Infirmary St. ..... Ward)

2. FULL NAME Robert Morrison

(a) Residence, No. 5800 Arsenal St., Hospital Ward. 13 (If nonresident, give city or town and State)
(Usual place of abode) City Infirmary

Length of residence in city or town where death occurred 23 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): Widower

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) April 6-1850

7. AGE: ~~1850~~ YEARS 85 MONTHS 8 DAYS 7 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Track Laborer
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) Scotland

FATHER
13. NAME John Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

MOTHER
15. MAIDEN NAME Robertina McClud
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Scotland

17. INFORMANT (ADDRESS) E. Molony 5800 Arsenal St

18. BURIAL, CREMATION, OR REMOVAL
PLACE [illegible] DATE 1-2 1936

19. UNDERTAKER (ADDRESS) Walter Richter 3500 Rutger St

20. FILED JAN -3 1936 19 J. F. Bredeck Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 13, 1935

22. I HEREBY CERTIFY, That I attended deceased from Aug. 13, 1934, to Dec. 13, 1935

I last saw him alive on Dec. 13, 1935 Death is said to have occurred on the date stated above, at 2:45 P.M.

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

Bronchopneumonia — Date of onset

93c

Other contributory causes of importance:

Chronic myocarditis

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) C. E. Smith, M. D.

(Address) Isolation Hospital St. Louis, Mo

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

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.

100M-8-28-35