

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

Do not use this space.

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.

MAR 28 1936

11736

1. PLACE OF DEATH

County New Madrid Registration District No. 607
 Township Pontage Primary Registration District No. 4367
 City Near Lindy (No. 5806) St. _____ Ward _____

File No. 18
 Registered No. _____

2. FULL NAME Manson Morris

(a) Residence, No. Near Lindy, Mo. St. _____ Ward _____
 (Usual place of abode)

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. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE Negro 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March, 22, 36 19__

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Lou Stella Morris

22. I HEREBY CERTIFY, That I attended deceased from Just one visit Mar., 22, 36, 19__
 I last saw him alive on March, 22, 36, 19__ Death is said to have occurred on the date stated above, at 5 P.m.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1896-12-22

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

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
40 3 19

Acute endocarditis--Mar., 6, 36 Date of onset
according to history

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer & Preacher

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

Other contributory causes of importance AM

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

Acute Gastritis

13. NAME John Morris

Name of operation None Date of _____

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

What test confirmed diagnosis? Ex. am. Was there an autopsy? No

15. MAIDEN NAME Don't know

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? _____ Date of injury _____, 19__

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Miss

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

17. INFORMANT (ADDRESS) Euster Morris

Manner of injury _____
 Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Mason Cemetery 3/23

24. Was disease or injury in any way related to occupation of deceased? No

19. UNDERTAKER (ADDRESS) R. M. Payne

If so, specify _____
 (Signed) G. A. Parker M. D.
 (Address) Paragardville, Mo

20. FILED 3/26 1936 Mary W. Cook Registrar.

