

JUL 20 1936

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

Do not use this space.

22417

1. PLACE OF DEATH

County Davess
Township Calhoun
City Winston (No. St. Ward)

Registration District No. 255
Primary Registration District No. 415-5

File No.
Registered No.

2. FULL NAME William Eric Starlin Morris

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode) Winston Mo

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 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 Beth W Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1-20-1865

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
71 4 17

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) Cameron Mo

13. NAME Starlin Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

15. MAIDEN NAME Arriali Pierson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Don't know

17. INFORMANT (ADDRESS) Mrs Ruth Morris Winston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Christian Chap DATE June 9 1936

19. UNDERTAKER (ADDRESS) Mrs Kate Shoup Winston Mo

20. FILED June 8, 1936 F. L. Wilson Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

22. I HEREBY CERTIFY, That I attended deceased from June 1, 1936, to June 7, 1936

I last saw him alive on June 7, 1936 Death is said to have occurred on the date stated above, at 7:48 m.

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

cerebral hemorrhage
hypertension
Other contributory causes of importance: hypertension of foot and a cerebral hemorrhage 1929, 10 days

Date of onset June 6, 1936
fast
breath
short
hope

Name of operation none Date of

What test confirmed diagnosis phy exam Was there an autopsy? No

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

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

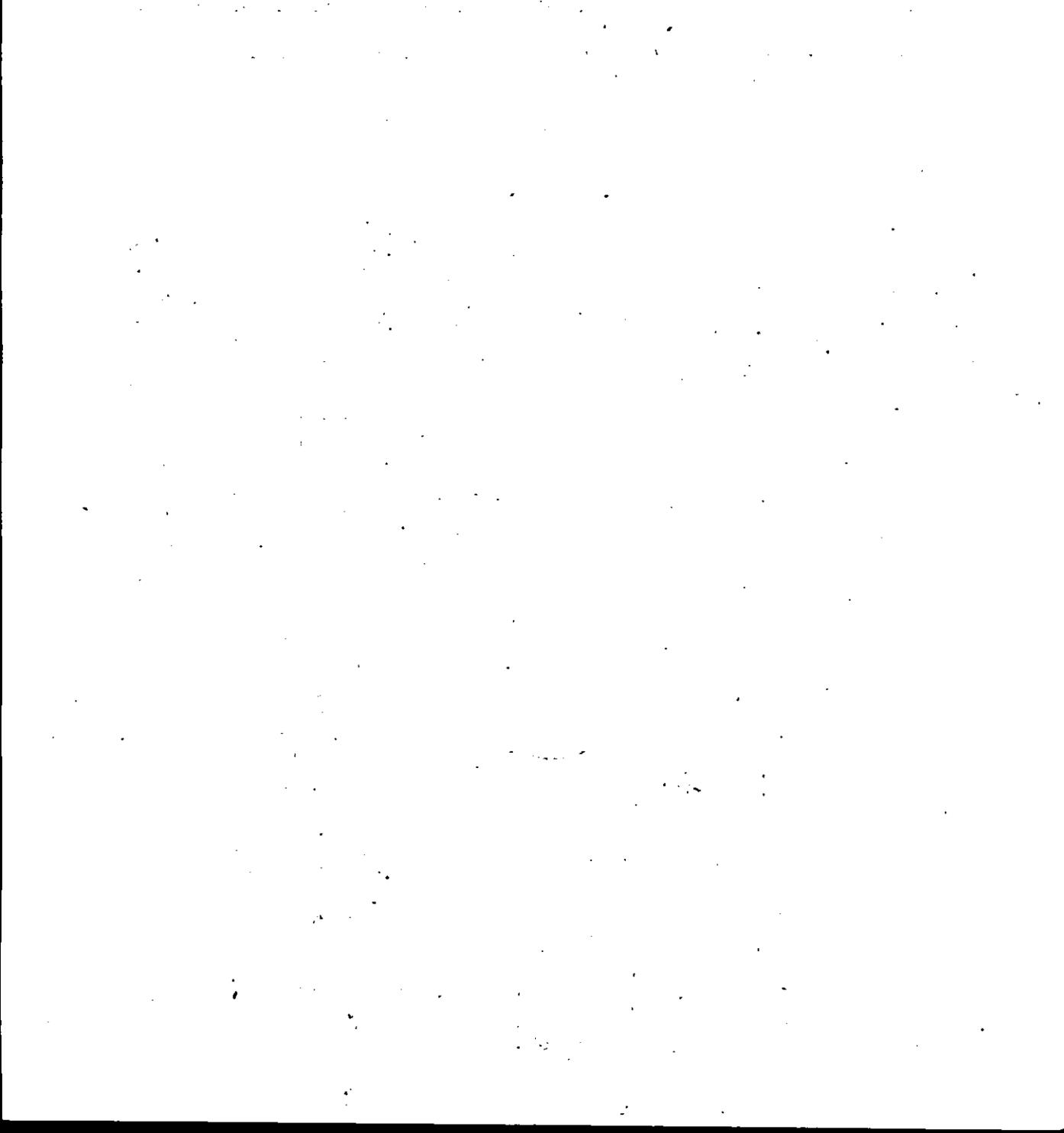
Manner of injury Nature of injury

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

If so, specify (Signed) Fred L. Wilson M. D.

(Address) Winston, Mo.

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.



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

Do not use this space.

1. PLACE OF DEATH

County Wairness
Township Winston
City Winston (No. _____)

Registration District No. 253-
Primary Registration District No. 413-5-

File No. _____
Registered No. _____
St. _____ Ward _____

2. FULL NAME

William E. S. Morris

(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

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) m

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 7, 1936

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

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 _____ m.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) _____
7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 71 4 17

Cerebral Hemorrhage Date of onset _____

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. _____
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: Raynolds Pt Foot Antero-Schritte May 1936

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

FATHER 13. NAME _____

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

MOTHER 15. MAIDEN NAME _____

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

17. INFORMANT (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE _____ DATE _____ 19____

19. UNDERTAKER (ADDRESS) _____

20. FILED Aug 11, 1936 F. K. Wilson Registrar

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) Fred K. Wilson, M. D.
(Address) Winston

SUPPLEMENTAL

5-22447