

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

Do not use this space.

33655

1. PLACE OF DEATH **OCT 20 1936**
 County **Boone** Registration District No. **74**
 Township **Rocky Fork** Primary Registration District No. **5113**
 City (No. _____) _____ St. _____ Ward _____

2. FULL NAME **Dulania 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 **F** 4. COLOR OR RACE **W.** 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) **Widowed**

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC. 11-1859**

7. AGE	YEARS	MONTHS	DAYS	IF LESS THAN 1 day, _____ hrs. or _____ min.
	83	9	9	

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **at home**

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) **Hartstburg Missouri**

FATHER

13. NAME **John Gleason**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **New York**

MOTHER

15. MAIDEN NAME **Patsy Green**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Missouri**

17. INFORMANT **E. V. Morris**
 (ADDRESS) **Brown Sta, Mo**

18. BURIAL, CREMATION, OR REMOVAL
 PLACE **Oakland** DATE **9-22 36**

19. UNDERTAKER (ADDRESS) **Porter F. Co (WFO)**
Columbia, Mo

20. FILED **9/24/ 1936** **Mrs. L. L. Fausell**
 Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **Sept. 20 36**, 19

22. I HEREBY CERTIFY, That I attended deceased from **7/21/36**, 19, to **9-20**, 19**36**
 I last saw him alive on **9-9**, 19**36** Death is said to have occurred on the date stated above, at **130A** m.
 The principal cause of death and related causes of importance were as follows:
Cancer (Lip)
53
 Date of onset _____

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 **no**
 (Signed) **99 Bradford**, M. D.
 (Address) **Columbia, 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.

WHILE EXAMINING THIS IS A PERMANENT RECORD

