

OCT 21 1936

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

Do not use this space.

35398

1. PLACE OF DEATH

County St. Francois Registration District No. 771
Township Gron Primary Registration District No. 6017
City (No. St. Ward)

File No.
Registered No.

2. FULL NAME

Lawson M. Morris

(a) Residence, No. St. Ward. (If nonresident, give city or town and State)
(Usual place of abode)
Length of residence in city or town where death occurred 50 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widower</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Deceased</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>1861-June 18</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>3</u>	DAYS <u>1</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>		11. Total time (years) spent in this occupation <u>50 7-00</u>
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>farmer</u>		
10. Date deceased last worked at this occupation (month and year) <u>2 yrs ago</u>		
12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Gallatin Ohio</u>		
FATHER	13. NAME <u>James Morris</u>	
FATHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
MOTHER	15. MAIDEN NAME <u>Elizabeth Sharp</u>	
MOTHER	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>	
17. INFORMANT (ADDRESS) <u>J. H. R. White</u>		
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Grouton Miss</u> DATE <u>Sept. 20 1936</u>		
19. UNDERTAKER (ADDRESS) <u>J. H. R. White</u>		
20. FILED <u>Sept 20 - 1936</u> <u>J. W. Gale</u> Registrar.		

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 19 - 1936

22. I HEREBY CERTIFY, That I attended deceased from

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:

White Coronary artery
Natural Cause probably
Cause of Stroke

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

(Signed) E. Province Coroner M.-D.

(Address) Stamington Miss

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.

