

NOV 22 1936 MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

37163

1. PLACE OF DEATH
County Cole Registration District No. 214
Township Moran Primary Registration District No. 5294
City (No.) St. Ward

2. FULL NAME James Madison Morrow
(a) Residence, No. Russellville St. 5th 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.

File No. _____
Registered No. 16
St. _____ Ward _____

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>Widowed</u>		
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF				
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Sept 3 1844</u>				
7. AGE YEARS <u>92</u>	MONTHS <u>0</u>	DAYS <u>28</u>	If LESS than 1 day, _____ hrs. or _____ min.	
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>			
	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) <u>Russellville Mo</u>				
FATHER	13. NAME <u>Robert Morrow</u>			
	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>			
MOTHER	15. MAIDEN NAME <u>Synthia Enloe</u>			
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Kentucky</u>			
17. INFORMANT <u>J R Morrow</u> (ADDRESS) <u>Russellville Mo</u>				
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Enloe Cemetery</u> DATE <u>Oct 5 1936</u>				
19. UNDERTAKER <u>G. N. Bluff</u> (ADDRESS) <u>Russellville Mo</u>				
20. FILED <u>Oct 5 1936</u> <u>Mrs. Mabel Barbour</u> Registrar.				

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 3 1936

22. I HEREBY CERTIFY, That I attended deceased from Oct. 2, 1936, 19____, to Oct 3 1936, 19____.
I last saw him live on Oct. 3 1936, 19____. Death is said to have occurred on the date stated above, at 8 P m.
The principal cause of death and related causes of importance were as follows:
Cerebral Apoplexy
Date of onset Oct. 1 1936

Other contributory causes of importance:
None

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 Walter L. Sulis M. D.
(Signed) _____ (Address) Russellville 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.

WRITE PLAINLY, WITH OUTLINES, WITH CAREFUL MARKING. THIS IS A PERMANENT RECORD.

