

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.

NOV 4 1936

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

Do not use this space.

39600
 39611

1. PLACE OF DEATH

County..... Registration District No. **791**
 Township..... Primary Registration District No. **1003**
 City **ST. LOUIS** (No. **BARNES HOSPITAL**) St. _____ Ward _____

2. FULL NAME ~~MAUDE~~ **Gale Morrison**

(a) Residence, No. **607 Pleasant** St., **NR** Ward. **Marion, Illinois**
 (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

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 **MAUDE MORRISON**
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) **DEC 6, 1874**
 7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
61 Years **10** Months **16** Days
 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. **OIL DISTRIBUTOR EXECUTIVE**
 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) **OCT 19 36** 11. Total time (years) spent in this occupation. **13**

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **Illinois**

13. NAME **WILLIAM MORRISON**

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **SYRACUSE NEW YORK**

15. MAIDEN NAME **ELLA GALE**

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) **AERAN MICHIGAN**

17. INFORMANT (ADDRESS) **MAUDE MORRISON MARION ILLINOIS**

18. BURIAL, CREMATION, OR REMOVAL PLACE **ARTHUR, ILL.** DATE **10-25 36**

19. UNDERTAKER (ADDRESS) **ALBERT H HOPPE INC 424 No. EUCLID**

20. FILED **OCT 23 1936 J. F. Bredeck Registrar.**

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) **October 22, 1936**

22. I HEREBY CERTIFY, That I attended deceased from **October 20, 1936, to October 22, 1936**

I last saw h. i. m. alive on **October 22, 1936** Death is said to have occurred on the date stated above, at **7:30** m.

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

Cardiac Infarct (lt. ventricle)
Cardiac Decompensation
Coronary Heart Disease
Coronary occlusion
Arteriosclerosis, general

Other contributory causes of importance:

Diabetes Mellitus

Date of onset

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? **Yes**

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) **A. B. Phillips**, M. D.

(Address) **BARNES HOSPITAL**

