

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

Do not use this space.

43764

1. PLACE OF DEATH

County Boone Registration District No. 73
 Township Columbia Primary Registration District No. 3006
 City Columbia (No. Noyes Hospital) St. _____ Ward _____

File No. _____
 Registered No. 326
 St. _____ Ward _____

2. FULL NAME Arthur Morey

(a) Residence, No. 713 Missouri ave. St. _____ Ward. Boonville, Mo.
 (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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12-6, 1936

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

22. I HEREBY CERTIFY, That I attended deceased from 12-5, 1936, to 12-6, 1936

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-13-1927

I last saw h. m. alive on 12-6, 1936 Death is said to have occurred on the date stated above, at 7:30 P.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
9 2 23

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

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. In school
 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 _____

Pulmonary embolism
 Date of onset _____

Other contributory causes of importance: Following operation for appendicitis

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

Name of operation Appendectomy of _____
 What test confirmed diagnosis? _____ Was there an autopsy? no

13. NAME Arthur Morey

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

15. MAIDEN NAME Ann Fleming

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

17. INFORMANT Ann Morey
 (ADDRESS) Kansas City, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Columbia Cem. DATE 12-9-36

19. UNDERTAKER Porter Furr Co (M.D.)
 (ADDRESS) Columbia, Mo.

20. FILED 12/8/36 Allie Selby Registrar

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

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 Yes

(Signed) W. J. Stone, M. D.
 (Address) Columbia, Mo.

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

