

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.

FEB 6 1937

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

Do not use this space.

1. PLACE OF DEATH

County Dunklin

Township

City Malden

Registration District No. 289

Primary Registration District No. H. 173

File No. 844

Registered No. 4

2. FULL NAME

George Washington Morris

(a) Residence, No. _____ St., _____ Ward.

(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 widowed
HUSBAND OF _____
(OR) WIFE OF Doril Knowl

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dont know

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
Said to be 73 ✓ ✓

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. odd jobs

10. Date deceased last worked at this occupation (month and year) 1/20/1937 11. Total time (years) spent in this occupation life

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

13. NAME Dont know

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

15. MAIDEN NAME Dont know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont know

17. INFORMANT Barney Johnson

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden Mo DATE 1-27-1937

19. UNDERTAKER W. L. Craig

20. FILED 1/27/1937 S. B. Mitchell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 27th 1937

22. I HEREBY CERTIFY, That I attended deceased from 1/20/1937, 1937, to 1/27/1937, 1937

I last saw him alive on 1/26/1937, 1937. Death is said to have occurred on the date stated above, at 8 a.m.

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

Lobar pneumonia Date of onset 1/24/37

Other contributory causes of importance: Cardiac Decompensation 1/24/37

Name of operation none Date of _____

What test confirmed diagnosis clinical Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? ✓ Date of injury ✓, 1937

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? no

If so, specify (Signed) S. B. Mitchell, M. D.

(Address) Malden Mo.

