

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

Do not use this space.

APR 22 1937

1. PLACE OF DEATH

County Marion
Township Maason
City Hannibal (No. 118)

Registration District No. 547
Primary Registration District No. 307
N. Ninth St. _____ Ward _____

File No. 12593
Registered No. 89

2. FULL NAME Charles E. Morse

(a) Residence, No. 118 N. Ninth St., _____ Ward _____
(Usual place of abode)

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. (If nonresident, give city or town and State)

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>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Jennie V. Morse</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>May 14 1861</u>		
7. AGE YEARS <u>75</u>	MONTHS <u>9</u>	DAYS <u>29</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Machinist</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>C. & O. Railway</u>		
10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____		

FATHER	12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Hannibal Missouri</u>
	13. NAME <u>Col Chas. E. Morse</u>
MOTHER	14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>No data</u>
	15. MAIDEN NAME <u>Mary Ellen Leaderius</u>
	16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Ohio</u>
	17. INFORMANT (ADDRESS) <u>Mrs Jennie V. Morse 118 N. Ninth Hannibal, Mo</u>
	18. BURIAL, CREMATION, OR REMOVAL PLACE <u>St. Olive</u> DATE <u>March 15 1937</u>
	19. UNDERTAKER (ADDRESS) <u>Crawford Smith 902 E. 1st Hannibal, Mo</u>
	20. FILED <u>Mar 16 1937</u> <u>H. E. Fisher</u> Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 13 1937
22. I HEREBY CERTIFY, That I attended deceased from 3-13 1937 to 3-13 1937
I last saw h. alive on 3-13 1937 Death is said

to have occurred on the date stated above, at 12:30 p.m.
The principal cause of death and related causes of importance were as follows:

Coronary Thrombosis Date of onset 1937

Other contributory causes of importance:
Myocardial infarct 1937

Name of operation _____ 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 _____ 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? No
If so, specify _____
(Signed) Howard Sadler, M. D.
(Address) Hannibal Mo

