

JUL 3 0 1937

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

Do not use this space.

24208

1. PLACE OF DEATH

County McDonald
Township Essex
City Paris (No. _____)

Registration District No. 9631
Primary Registration District No. 31692

File No. 176
Registered No. 219
St. _____ Ward _____

2. FULL NAME

Charles B. Morris

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

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 28 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (writes the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 17, 1937

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

22. I HEREBY CERTIFY That I attended deceased from _____, 1934, to June 17, 1937

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec 31 1866

I last saw h. in. alive on June 17, 1937 Death is said to have occurred on the date stated above, at 3:30 a.m.

7. AGE YEARS 71 MONTHS 5 DAYS 17 If LESS than 1 day, hrs. or min.

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.
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Resort owner
10. Date deceased last worked at this occupation (month and year) June 1937 11. Total time (years) spent in this occupation 12

Cerebral Hemorrhage 6-17-37

12. BIRTHPLACE (CITY OR TOWN) Bedford (STATE OR COUNTRY) Jawal France

Other contributory causes of importance:
Valvular Heart Disease 1934
Cardiac Asthma 1934

13. NAME John H. Morris

Name of operation None Date of _____
What test confirmed diagnosis? None Was there an autopsy? No

14. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

15. MAIDEN NAME Francis Ann Baker

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

16. BIRTHPLACE (CITY OR TOWN) not known (STATE OR COUNTRY)

17. INFORMANT Mrs. C. B. Morris (ADDRESS) not known

Manner of injury 1
Nature of injury _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Essex City DATE June 20, 1937

19. UNDERTAKER H. A. ... (ADDRESS) not known

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify _____
(Signed) J. H. ..., M. D.
(Address) not known

20. FILED 6-24- 1937 C. Alexander Registrar.

Exact statement of OCCUPATION is very important.

OCCUPATION

FATHER

MOTHER

