

AUG 27 1937

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

Do not use this space.

28067

214

212

668

## 1. PLACE OF DEATH

County

Township

City

Pettis 2  
Lafayette 1  
Declaire (No. ....)

Registration District No.

Primary Registration District No.

668  
5991

File No.

Registered No.

St.

Ward)

## 2. FULL NAME

(a) Residence No.

(Usual place of abode)

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.

John Ferdinand Morarity  
Spring Fork

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX

4. COLOR OR RACE

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

M

W

Married

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

Mary Morarity

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

April 11 - 1880

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1 day, ..... hrs. or ..... min.

57

3

1

OCCUPATION

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

Farmer

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

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

Spring Fork Mo.

FATHER

13. NAME

John Morarity

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

D. K.

MOTHER

15. MAIDEN NAME

Christina Meyer

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

D. K.

17. INFORMANT (ADDRESS)

Mrs J. F. Morarity  
Spring Fork

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Bahnes

DATE

7-14-1937

19. UNDERTAKER (ADDRESS)

Mc Laughlin Bros  
Declarie

20. FILED

July 14, 1937 Jean Clark Registrar

## MEDICAL CERTIFICATE OF DEATH

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

July 12, 1937

22. I HEREBY CERTIFY That I attended deceased from

April 10, 1937, to July 10, 1937

I last saw him alive on July 10, 1937 Death is said

to have occurred on the date stated above, at 3:30 a.m.

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

Haemorrhage from  
gastro-intest

Date of onset  
July 8  
1937

Other contributory causes of importance:

none  
1170

Name of operation

none

Date of

What test confirmed diagnosis?

Chum

Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? 4 Date of injury

Where did injury occur? 4 (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)

Chas. M. ...  
Declarie Mo.

M. D.

(Address)

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.

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