

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.

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

Do not use this space.

SEP 17 1937

1. PLACE OF DEATH

County Harrison
Township not cred.
City (No.)

Registration District No. 334
Primary Registration District No. 5468

File No. 30777
Registered No. 64
St. Ward)

2. FULL NAME

(a) Residence, No. 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 male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 25 1875

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
62 7 2

8. Trade, profession, or particular kind of work done, as spinner, 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) Aug 2, 37 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St of Mo.

13. NAME Salman Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St of Ohio

15. MAIDEN NAME Abigail Reed

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St of Ohio

17. INFORMANT My Addie Morris
(ADDRESS) Salman City Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Salman Aram DATE Aug 28 1937

19. UNDERTAKER W. J. Hines
(ADDRESS) Salman City Mo.

20. FILED 8-20-37 1937 G. T. Wheeler
(Registrar)

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That (attended deceased from

....., 19....., to 19.....

I last saw him alive on 19..... Death is said

to have occurred on the date stated above, at 4 P. m.

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

Date of onset

Cerebral Hemorrhage

Other contributory causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

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?

If so, specify

(Signed) Joe E. Wheeler Coroner

(Address) Bethany Mo.

