

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

Do not use this space.

SEP 24 1937

31596

1. PLACE OF BIRTH

County Casper Registration District No. 750
Township Union Primary Registration District No. 5985
City Doniphan (No. _____ St. _____ Ward _____)

2. FULL NAME

(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 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Single (write the word)

6. IF MARRIED, WIDOWED, OR DIVORCED
BAND OF (OR) WIFE OF

7. DATE OF BIRTH (MONTH, DAY, AND YEAR) 4-2-1916

8. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. min.
21 4 16

OCCUPATION
9. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Working
10. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Girl
11. Date deceased last worked at this occupation (month and year) 1937
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fargo, N. D.

13. NAME Leo Morris

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

15. MAIDEN NAME Florence Taylor

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Fargo, N. D.

17. INFORMANT (ADDRESS) Florence Payne

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Grove DATE 8/19 1937

19. UNDERTAKER (ADDRESS) Jordan

20. FILED 8-29-37 C. B. Johnson Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18 1937

22. I HEREBY CERTIFY, That I attended deceased from 8/18, 1937, to _____, 19____

I last saw him alive on _____ Death is said

to have occurred on the date stated above, at 2:30 pm

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

Date of onset

Skull fracture
auto accident: 8/14/37

Other contributory causes of importance:

Name of operation 2100 Date of _____

What test confirmed diagnosis? clinical 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 Clifford Yofant M. D.

(Signed) Doniphan Mo. (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.

210 m

Handwritten notes, possibly "200"

Handwritten notes, possibly "200"

F. 1012

Handwritten notes, possibly "200"

Handwritten notes, possibly "200"

FILL IN ANSWERS TO ALL SPACES
CHECKED IN RED PENCIL.

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

315-96

Do not use this space.

1. PLACE OF DEATH

(a) County Ripley Registration District No. 750
(b) Township _____ Primary Registration District No. 3985 Registered No. _____
(c) City Doniphan (d) Street No. _____ St. _____
(If death occurred in Hospital or Institution, write its name instead of street and number)
(e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Arlene Meriel Morris
(a) Residence, No. _____ St. (If nonresident, give city or town and State)
(Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S
(write the word)

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
21 4 6

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as 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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19.

19. FUNERAL DIRECTOR (ADDRESS)

20. FILED 8-19 1937 C. B. Johnston Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 8/18, 1937

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

I last saw h. _____ alive on _____, 1937. Death is said to have occurred on the date stated above, at _____ m.

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

Skull Fracture
Auto accident
(Passenger)
Date of onset _____

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 _____, 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? _____

If so, specify _____

(Signed) Clifford G. Farth, M. D.
(Address) Doniphan Mo

SUPPLEMENTARY

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY LAW.
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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