

DEC 20 1937

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

Do not use this space.

40335

1. PLACE OF DEATH

County Jackson  
Township Ward  
City Jackson City

Registration District No. 399  
Primary Registration District No. 1002  
(No. 106.32 Per)

File No. 40335  
Registered No. 40335  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. 106.32 Per 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 Male 4. COLOR OR RACE Wh. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Divorced  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Feb. 6-1887  
7. AGE YEARS 50 MONTHS 9 DAYS 10 If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Home  
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) Jackson City Mo.

13. NAME Daniel Morris

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

15. MAIDEN NAME May M. Caudless

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

17. INFORMANT (ADDRESS) Jac. W. Ward 106.32 Per

18. BURIAL CREMATION, OR REMOVAL PLACE Carrollton Mo. DATE 11/19/37

19. UNDERTAKER (ADDRESS) Oylar Funeral Home 11. C. Mo.

20. FILED Nov. 18, 1937 M. M. Cronk Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 16 1937

22. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 19\_\_\_\_

I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_. Death is said

to have occurred on the date stated above, at 11:45 a.m.

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

Chronic hypertensive myocarditis Date of onset \_\_\_\_\_

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis Autopsy Was there an autopsy? Yes

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 \_\_\_\_\_

Signature of injury \_\_\_\_\_

24. Was disease of injury in any way related to occupation of deceased?

If so, specify \_\_\_\_\_

(Signed) [Signature], M. D.

(Address) [Signature]

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.

