JAN 20 1938

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

45912
Do not use this space.

1. PLACE OF DEATH

5 (a) County Linn — Registration District No. 496

(b) Township ~~Brookfield~~ — Primary Registration District No. 3075 — Registered No. 124

(c) City Brookfield (d) Street No. ..... St.

(e) Length of residence in city or town where death occurred 50 yrs. mos. ds. (If death occurred in Hospital or Institution, write its name instead of street and number) (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME John H. Morris

(a) Residence, No. 324 S. Livingston St. (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): Dec. 13 - 1892

7. AGE: Years 45 | Months — | Days 5 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Coal Miner

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): St. Catharine Mo.

FATHER

13. NAME: John H. Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Mo.

MOTHER

15. MAIDEN NAME: Sarah McCollum

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Linn County Mo.

17. INFORMANT (ADDRESS): Mrs J. H. Morris Brookfield

18. BURIAL, CREMATION, OR REMOVAL: ~~Rose Hill Cem~~ PLACE ~~[illegible]~~ DATE Dec 21 - 1937

19. FUNERAL DIRECTOR (ADDRESS): Hill Funeral Chapel Brookfield Mo

20. FILED Jan 9 1938 Grant Russo Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): Dec - 18 1937

22. I HEREBY CERTIFY, That I attended deceased from Dec 18 1937, to Dec 18 1937

I last saw h— alive on Dec 17 1937. Death is said to have occurred on the date stated above, at 9:00 P m.

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

	Date of onset
Myocarditis	

Other contributory causes of importance:

Name of operation no Date of

What test confirmed diagnosis? Clinical Was there an autopsy? no

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? no (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) R. H. Pollock M.D.

(Address) Brookfield Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

STATEMENT BY LICENSED EMBALMER

I, J. Ch. Blacklock, Licensed Embalmer No. 2246

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E.

No. or by Registered Apprentice No.

working under my personal supervision.

Signed J. Ch. Blacklock

Licensed Embalmer No. 2246

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)