

REC'D APR 2 1938

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

Do not use this space.

1. PLACE OF DEATH

County

Township

City

Registration District No.

Primary Registration District 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.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX

male

4. COLOR OR RACE

white

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

widowed

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

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

May 26, 1848

7. AGE

YEARS

MONTHS

DAYS

If LESS than 1
day, hrs.
or min.

89

10

7

OCCUPATION

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

Retired

9

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

Avon, Del.

MOTHER

13. NAME

Amos Geo Morry

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

Dont Know

15. MAIDEN NAME

Dont Know

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

Dont Know

17. INFORMANT
(ADDRESS)Frank Morry
Springfield, Mo.18. BURIAL, CREMATION, OR REMOVAL
PLACE

Cherryvale Road

19. UNDERTAKER
(ADDRESS)R. W. Wheeler
John A. Baxter

20. FILED

3/3

1938

Registrar.

MEDICAL CERTIFICATE OF DEATH

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

Mar. 2, 1938

I HEREBY CERTIFY, That I attended deceased from

Feb. 15, 1938, to March 2, 1938

I last saw him alive on March 2, 1938. Death is said

to have occurred on the date stated above, at 1:50 p.m.

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

Chronic Interstitial
Nephritis
Uremic Coma -

Other contributory causes of importance

arterio-sclerosis

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

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)

(Address)

B. Mitchell
Branson, Mo.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

12327

File No.

Registered No.

774

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