REC'D JUN 8 1938

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

18241
Do not use this space.

1. PLACE OF DEATH
(a) County: Greene
(b) Township:
(c) City: Springfield
Registration District No.: 318
Primary Registration District No.: 2001
Registered No.: 373
(d) Street No.: 747 N. Main 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: Robert Morrison (MORRISON)
(a) Residence, No.: 747 N. Main 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: 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~~: Edithe Clara Morrison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 3 1878
7. AGE: Years 59 Months 10 Days 28 If LESS than 1 day, ... hrs. or ... min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.: Stone mason
9. Industry or business in which work was done, as saw mill, bank, etc.: Construction
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): New York

FATHER
13. NAME: Robert Morrison
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Scotland

MOTHER
15. MAIDEN NAME: Unknown
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Unknown

17. INFORMANT (NAME) (ADDRESS): Geo Hanley Independence Mo
18. BURIAL, CREMATION, OR REMOVAL PLACE: Brookings Cemetery DATE: May 4 38
19. FUNERAL DIRECTOR (NAME) (ADDRESS): R. E. Clark Sedalia Mo
20. FILED: May 30 1938 Chas A. Lange MD Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): May 1 1938
22. I HEREBY CERTIFY, That I attended deceased from ..., 19..., to ..., 19...
I last saw him alive on May 1, 1938. 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
Suicide by taking strychnine	

Other contributory causes of importance: 162

Name of operation: — Date of:
What test confirmed diagnosis? Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Suicide Date of injury: May 1, 1938
Where did injury occur? 747 N. Main
(Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Home
Manner of injury:
Nature of injury:

24. Was disease or injury in any way related to occupation of deceased?
If so, specify
(Signed) J. J. Jackson M.D.
(Address) 604 E. Elm Springfield Mo.

Licensed Embalmer's Statement on Reverse Side)

Exact statement of OCCUPATION is very important. Any information of property unclaimed.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, Eng Roy A. C
1763; Warren D. Nobilett #4005 Eng by Wm. Max Rhodes

Registered Apprentice No. 117, working under my personal supervision.

Signed J B Klingner

Licensed Embalmer No. 3358

P. O. Address Springfield.

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

If this body is not embalmed, above space should be left blank.