

REC'D JUN 8 1938

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

Do not use this space.

18753

1. PLACE OF DEATHCounty LincolnRegistration District No. 490Township UnionPrimary Registration District No. 5253City St. Louis

(No. _____)

St. _____

Ward _____

2. FULL NAME Walter Morris

(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 PARTICULARS3. SEX Male4. COLOR OR RACE White5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF Birdie E. Morris6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 6-29-18847. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
53 10 158. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) May 192511. Total time (years) spent in this occupation 10 yrs12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo13. NAME Clark Morris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo15. MAIDEN NAME Mary Weeks16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Lincoln Co. Mo17. INFORMANT (ADDRESS) Mrs. John Bowers, Battle Creek Mich18. BURIAL, CREMATION, OR REMOVAL PLACE Arbuan, Mo. DATE 5-17-3819. UNDERTAKER (ADDRESS) W.R. Vannoy, Sibley, Mo.20. FILED 5-23-38 O.H. Dannon Registrar.**MEDICAL CERTIFICATE OF DEATH**21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 14 - 193822. I HEREBY CERTIFY, Edouard August That I attended deceased from May 15, 1938, to _____, 19____.I last saw him _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at 7:30 m.The principal cause of death and related causes of 10:24 were as follows:"Verdict of Jury -
by committing suicide
by means of railway
with a trap.Other contributory causes of importance: suicide

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? _____ Date of injury May 14, 1938

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) O.B. Keurich M. D.137 (Address) Old Monroe, Mo.

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.

