

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.

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

Do not use this space.

REC'D JUL 22 1938

1. PLACE OF DEATH

County Lawrence
Township Redoak
City Miller Mo. R.F.D.1 (No.)

Registration District No. 1034
Primary Registration District No. 3631

File No. 22291

Registered No. 4 St. Ward)

2. FULL NAME Leonard C. Morris

(a) Residence, No. Round Grove mo
(Usual place of abode)

Ward. 620

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 3 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar 24-1869

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 3 9

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) Graves Point MO.

MOTHER FATHER 13. NAME Alonzo Morris

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

MOTHER 15. MAIDEN NAME Armitta Gray

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Grays Point Missouri

17. INFORMANT Carl L. Morris
(ADDRESS) Miller Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Red oak DATE July 5-1938

19. UNDERTAKER P. A. Holmes
(ADDRESS) Miller Mo.

20. FILED July 6, 1938 Alton Wilson
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 3, 1938

22. I HEREBY CERTIFY, That I attended deceased from June 15, 1938, to July 3, 1938
I last saw him alive on July 2, 1938 Death is said to have occurred on the date stated above, at 5:30 pm.

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

Bronchial asthma Date of onset ?

Other contributory causes of importance:

unknown 112

Name of operation none Date of none
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, 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? no
If so, specify

(Signed) P. A. Holmes M. D.

(Address) Miller Mo.

