

1938 OCT 20

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

32107
Do not use this space.

1. PLACE OF DEATH

(a) County Dent Registration District No. 266
(b) Township..... Primary Registration District No. 4164
(c) City Salem, Mo. (d) Street No..... Registered No. 63
(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.
(If death occurred in Hospital or Institution, write its name instead of street and number)

2. PRINT FULL NAME

William Franklin Morton
(a) Residence, No. St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 23, 1938

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

22. I HEREBY CERTIFY, That I attended deceased from

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 1886-Mar 2

....., 19....., to....., 19.....
I last saw h..... alive on....., 19..... Death is said to have occurred on the date stated above, at 2:40 P.M. (approx)
The principal cause of death and related causes of importance were as follows:

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
52 6 21

Date of onset

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. merchant
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.....

Suicide, by shooting himself in the left side of the breast, with a pistol.

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dent County Missouri

Other contributory causes of importance: Financial trouble

FATHER 13. NAME George W. Morton

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

MOTHER 15. MAIDEN NAME M. Gerhart

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

17. INFORMANT (ADDRESS) Virgie Belle Morton

Name of operation..... None Date of.....
What test confirmed diagnosis? Usual Was there an autopsy? No

18. BURIAL, CREMATION, OR REMOVAL PLACE Morison DATE 9-25-38

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? Suicide Date of injury Sept 23, 1938
Where did injury occur? Salem Dent Co., Mo.
(Specify city or town, county, and State)

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. E. Hobson

Specify whether injury occurred in industry, in home, or in public place. Home
Manner of injury Shot in the left breast.
Nature of injury Suicide

20. FILED Sept 24, 1938 W. E. Hobson Local Registrar.

24. Was disease or injury in any way related to occupation of deceased?.....
If so, specify.....
(Signed) W. E. Hobson, M. D.
(Address) Salem Mo

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, MR

N. D. Johnson

or by

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

Signed

N. D. Johnson

Licensed Embalmer No. 928

P. O. Address Salem, N.J.

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

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