

NOV 14 1938

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

36214

Do not use this space.

## 1. PLACE OF DEATH

(a) County Livingston Registration District No. 572  
 59 (b) Township Millers Primary Registration District No. 5682 Registered No. \_\_\_\_\_  
 (c) City Utica (d) Street No. \_\_\_\_\_  
 (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.  
 630  
 2. PRINT FULL NAME David Lewis Franklin Morris  
 (a) Residence, No. Utica, Missouri St.  (If nonresident, give city or town and State)  
 (Usual place of abode, if no street address, write county or city)

## 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 Mrs. Ruth Morris  
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 2, 1876  
 7. AGE YEARS MONTHS DAYS If LESS than 1 day, .....hrs. or .....min.  
62 7 26  
 OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. laborer  
 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 \_\_\_\_\_  
 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laredo Missouri 0  
 FATHER 13. NAME Jim W. Morris 9  
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown Unknown 0  
 MOTHER 15. MAIDEN NAME Susa Meeker  
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Laredo Missouri  
 17. INFORMANT Mrs. Ruth Morris  
 (ADDRESS) Utica Missouri  
 18. BURIAL, CREMATION, OR REMOVAL PLACE Utica Cem. DATE 10-30 1938  
 19. FUNERAL DIRECTOR (NAME) F. B. Norman  
 (ADDRESS) Chillicothe Missouri  
 20. FILED Oct 29, 1938 Hazel Stamps  
 Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) October 28, 1938

22. I HEREBY CERTIFY, That I attended deceased from Jan 1935 to Oct 28, 1938  
 I last saw him alive on Oct 27, 1938. Death is said to have occurred on the date stated above, at 10:45am.  
 The principal cause of death and related causes of importance were as follows:

Myocardial insufficiency  
 Date of onset About 1920

Other contributory causes of importance: 924Name of operation None Date of \_\_\_\_\_What test confirmed diagnosis? Cholesterol 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 \_\_\_\_\_, 19 \_\_\_\_\_

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) Hazel Stamps, M. D.(Address) Chillicothe 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, E. R. Norman

( 2374 )

, or by .....

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

Signed.....

*Elton J. Norman*

Licensed Embalmer No. .... 4036 .....

P. O. Address Chillicothe, Mo.

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

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