

NOV 10 1938

MISSOURI STATE BOARD OF HEALTH

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

37051
Do not use this space.

1. PLACE OF DEATH

(a) County Texas Registration District No. 863
 (b) Township Piney Primary Registration District No. 6137 Registered No. 24
 (c) City _____ (d) Street No. _____ 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 John A. Moerlyon / Morton.

(a) Residence, No. Near Hoston Mo. 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 M. 4. COLOR OR RACE W. 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 1st, 1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 5 20

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
 9. Industry or business in which work was done, as saw mill, bank, etc. Farming
 10. Date deceased last worked at this occupation (month and year) 10 years ago 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Adair Co. Mo.

FATHER 13. NAME J. W. Morton 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Madison Co. Ky.

MOTHER 15. MAIDEN NAME Elizabeth Burr is 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Florence Morton Houston Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Oak Hill DATE Sept. 22 1938

19. FUNERAL DIRECTOR (NAME) (ADDRESS) G. V. Elliott

20. FILED Sept 22, 1938 J. W. W. W. W. Local Registrar.

MEDICAL CERTIFICATE OF DEATH

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

22. I HEREBY CERTIFY, That I attended deceased from Sept. 8 1938 to Sept 21 1938

I last saw him alive on Sept. 19, 1938 Death is said to have occurred on the date stated above, at 4:45 P.M.

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

Ecchymia from carcinoma of stomach with metastasis to liver

Date of onset

Other contributory causes of importance:

Senility H's

Name of operation _____ Date of _____

What test confirmed diagnosis? _____ Was there an autopsy? _____

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? _____ If so, specify _____

(Signed) G. V. Elliott, M. D.

(Address) Houston, Tex

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.

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,

....., or by

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

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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.