

REC'D DEC 19 1938

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

Do not use this space.

1. PLACE OF DEATH

County *Greene*Township *Washington*

City

(No.)

St.

Ward)

Registration District No. *321*Primary Registration District No. *5445*File No. *39247*Registered No. *66*

2. FULL NAME

(a) Residence, No.

(Usual place of abode)

St.

Ward.

(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 PARTICULARS

3. SEX

Male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

Widowed

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

Allie

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Nov. 16, 1870

7. AGE

YEARS

67

MONTHS

10

DAYS

16

If LESS than 1 day, hrs. or min.

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)

Greene Co. Missouri

MOTHER

13. NAME

Walter M. Morris

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

Kentucky

15. MAIDEN NAME

Sarah Roberts

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

Kentucky

17. INFORMANT

(ADDRESS)

*Lawrence Morris
Rogersville Mo*

18. BURIAL, CREMATION, OR REMOVAL

PLACE

Dodson Cem.

DATE

Oct. 4

1938

19. UNDERTAKER

(ADDRESS)

*Killey and Terrell Funeral Home
Rogersville Mo*

20. FILED

Dec. 8

1938

*Mrs. Pearl Hughes Mitchell
Registrar.*

MEDICAL CERTIFICATE OF DEATH

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

Oct. 2

1938

22. I HEREBY CERTIFY, that I attended deceased from

Sept 1 to *Oct 2*, 1938I last saw *him* alive on *Sept 15*, 1938

Death is said

to have occurred on the date stated above, at *3:30 p. m.*

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

Myocardial degeneration

Date of onset

Other contributory causes of importance:

arteriosclerosis

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)

(Address)

*W. H. Faulkner, M. D.
Rogersville Mo*

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

FORM-10-22-36
SEP 1 1938

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.

