

REC'D JAN 11 1938

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

42319

Do not use this space.

1. PLACE OF DEATH

(a) County Boone Registration District No. 73
 (b) Township Columbia Primary Registration District No. 5112
 (c) City _____ (d) Street No. _____ (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (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.

Registered No. 283

2. PRINT FULL NAME

James Mabrey Morrow
 (a) Residence, No. R. 1 Columbia, 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 <u>Male</u> | 4. COLOR OR RACE <u>White</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Baby</u> |
| 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Baby</u> | | |
| 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec 2nd 1938</u> | | |
| 7. AGE | YEARS | MONTHS |
| | | |
| 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. | | 11. Total time (years) spent in this occupation |
| 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) | | |
| 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u> | | |
| FATHER | 13. NAME <u>Mabrey Morrow</u> | |
| | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Howard Co. Mo.</u> | |
| MOTHER | 15. MAIDEN NAME <u>Lillian Baker</u> | |
| | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Boone Co. Mo.</u> | |
| 17. INFORMANT <u>Mabrey Morrow</u> (ADDRESS) | | |
| 18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Columbia Cem Dec 3, 1938</u> | | |
| 19. FUNERAL DIRECTOR <u>R. Williams</u> (ADDRESS) | | |
| 20. FILED <u>12/3/38</u> <u>Allie Selby</u> Local Registrar | | |

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec. 2, 1938

22. I HEREBY CERTIFY, That I attended deceased from Dec 2 7 AM, 1938, to 9:32 PM, Dec 2, 1938
 I last saw him alive on Dec 2, 1938 Death is said to have occurred on the date stated above, at 9:32 p.m.
 The principal cause of death and related causes of importance were as follows:
Sub-dural Hemorrhage Date of onset Dec 2
16019

Other contributory causes of importance:
Sub-dural hemorrhage (basilar origin)

Name of operation Forceps Delivery Date of Dec 2
 What test confirmed diagnosis _____ 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) Lillian M. Baker, M. D.
 (Address) 74 Columbia, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

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.

50M-7-20-37

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STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.

hereby certify that the body recorded on the reverse side of this certificate was embalmed by

L. E. *Has Not Embalmed*,

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

Signed

Licensed Embalmer No.

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.)