

REC'D JAN 6 1939

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

Do not use this space.

42762

1. PLACE OF DEATH

24 County Cloy Registration District No. 200
Township Keary Primary Registration District No. 4120
City Keary (No. _____) St. _____ Ward _____

2. FULL NAME William Simpson Morrison

(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. da. How long in U. S., if of foreign birth? yrs. mos. da.

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>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (or) WIFE OF <u>Lucy Morrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>June 26 - 1861</u>		
7. AGE	YEARS <u>77</u>	MONTHS <u>1</u>
	DAYS <u>18</u>	IF LESS than 1 day, _____ hrs. or _____ min.
OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Farmer</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Gen farm work</u>	
	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) Ky13. NAME Simpson Morrison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky15. MAIDEN NAME Malilda Guffy16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Ky17. INFORMANT Roscoe Morrison
(ADDRESS) Keary Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Mesby Mo DATE Aug 14 193819. UNDERTAKER Leonard Fry
(ADDRESS) Keary Mo20. FILED 8/13 1938 Chas. A. Smith
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug 12 193822. I HEREBY CERTIFY, That I attended deceased from June 24 1938, to Aug 12 1938I last saw h. a. m. alive on July 14 1938. Death is saidto have occurred on the date stated above, at 12:30 p. m.

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

Urine Poisoning due to Date of onset 7-1-38chronic nephritisOther contributory causes of importance: malnutrition 1935

Name of operation _____ Date of _____

What test confirmed diagnosis? Clinical 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 _____, 1938

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) N. P. Schuhmacher M. D.(Address) Keary Mo.

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

1 X9314
5010-10-22-38

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.

RECEIVED
District Health Officer No. 8,
District File Number
Case Filed

12/29/38