

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.

Dr. J. H. Hill JAN 20 1939
Bookline

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

43727
Do not use this space.

1. PLACE OF DEATH ²

(a) County Macou Registration District No. 527
 (b) Township Bevier Primary Registration District No. 5703 Registered No. _____
 (c) City Bevier (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 1 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Samuel Morris

(a) Residence, No. _____ 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) widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 22-1860

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>87</u>	<u>9</u>	<u>5</u>	

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. _____
 9. Industry or business in which work was done, as saw mill, bank, etc. Retired
 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) England 4

FATHER

13. NAME Shadrick Morris
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

MOTHER

15. MAIDEN NAME Mary Davis
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) England 4

17. INFORMANT Mrs Henry Steiman
 (ADDRESS) Brookfield - Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Bevier Mo DATE 12/30 1938

19. FUNERAL DIRECTOR (NAME) Geo. C. W. Hill
 (ADDRESS) Brookfield, Mo.

20. FILED 12/27 1938 J. H. Hill
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 12/27 1938

22. I HEREBY CERTIFY, That I attended deceased from 12/10 1938, to 12/27 1938
 I last saw him alive on 12/27 1938 Death is said to have occurred on the date stated above, at 9:30 P. m.
 The principal cause of death and related causes of importance were as follows:
Chronic Myocarditis Date of onset _____
Senility 70

Other contributory causes of importance: _____

Name of operation _____ Date of _____
 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) H. L. Lucas, M. D.
 (Address) Bevier, Mo.
470

RECEIVED

District Health Office No. 10

District File Number 10-38-927

Date Filed 11/2/39

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

J. H. Blacklock

Licensed Embalmer No. 2346

P. O. Address

Brookfield 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.