

REC'D FEB 23 1939

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

2177
 Do not use this space.

1. PLACE OF DEATH

(a) County Wunthin Registration District No. 289
 (b) Township _____ Primary Registration District No. 4173 Registered No. 1
 (c) City Malden (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. da.

2. PRINT FULL NAME

Louis Morris
 (a) Residence, No. 427 N. Merion St. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND-OR (OR) WIFE OF Herbert B Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 10 - 1887

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
51 7 11

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 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)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) Barnard (STATE OR COUNTRY) Missouri

FATHER 13. NAME John Adkins

14. BIRTHPLACE (CITY OR TOWN) Loane Co. (STATE OR COUNTRY) Tenn.

MOTHER 15. MAIDEN NAME Viola Tibbitts

16. BIRTHPLACE (CITY OR TOWN) Burns Point (STATE OR COUNTRY) Java

17. INFORMANT (ADDRESS) Mr. Herbert Morris
Malden, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Malden, Mo. DATE Jan. 24 1939

19. FUNERAL DIRECTOR (NAME) Chas. Funeral Home (ADDRESS) Malden, Mo.

20. FILED 1-23 1939 L. E. Mitchell Local Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan - 21 - 1939

I HEREBY CERTIFY That I attended deceased from Jan 6 1939, to Jan 21 1939
 (last saw alive on Jan 20 1939. Death is said to have occurred on the date stated above, at 4: A. M.
 The principal cause of death and related causes of importance were as follows:

Influenza
Pulmonary type
Arthritis Deformans
 Date of onset 1/6/39
1918

Other contributory causes of importance: 11/18

Name of operation None Date of _____
 What test confirmed diagnosis? Christ 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 no
 Nature of injury no

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____
 (Signed) Homer Beegel, M. D.
Malden, Mo. (Address)

RECEIVED

District Health Officer No.

District File Number 39-10

Date Filed 2-8-39

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, ~~W. H. Larnitz~~

~~Registered Apprentice No. 220~~

working under my personal supervision.

Signed Wm H. Larnitz

Licensed Embalmer No. 12850

P. O. Address Malden 22

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.