

REC'D JUN 8 1939

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

17436

Do not use this space.

## 1. PLACE OF DEATH

- (a) County Jackson | Registration District No. 399  
 (b) Township 1st | Primary Registration District No. 1100 Registered No. 1838  
 (c) City St. Louis | (d) Street No. W. E. Du Bois St.  
 (If death occurred in Hospital or Institution, write its name instead of street and number)  
 (e) Length of residence in city or town where death occurred yrs. mos. da. (f) How long in U. S., if of foreign birth? yrs. mos. da.

## 2. PRINT FULL NAME

- (a) Residence, No. 625 Director W Morrison  
Portland Hotel + 5522 St. Louis  
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>m</u>	4. COLOR OR RACE <u>w</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>Viola Morrison</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>March 29 1877</u>		
7. AGE <u>60</u>	YEARS <u>1</u>	MONTHS <u>3</u>
8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. <u>Labourer</u>		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)  
Jenn13. NAME  
A Morrison14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Jenn15. MAIDEN NAME  
Sarah Barnes16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)  
Jenn17. INFORMANT (ADDRESS)  
Reinald Clark  
12 C Gen Hosp18. BURIAL, CREMATION, OR REMOVAL  
PLACE Liberty Mo. DATE May 3 193919. FUNERAL DIRECTOR (NAME) (ADDRESS)  
W. W. Harrison's  
City20. FILED May 2 1939 M. M. Browne  
Local Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5-1 193922. I HEREBY CERTIFY, That I attended deceased from 5-1 1939 to 5-1 1939I last saw him alive on 5-1 1939 Death is saidto have occurred on the date stated above, at 10:10 a.m.

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

Bilateral Pulmonary  
Edema + Unobstructed  
Cerebral Edema 15  
Date of onset

Other contributory causes of importance:

Acute and ChronicAlcoholism

Name of operation..... Date of.....

What test confirmed diagnosis?..... Was there an autopsy? Yes

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) P. H. De Maria M. D.(Address) 12 C Gen Hosp

**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.**