

JUL 13 1939

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

Do not use this space.

1. PLACE OF DEATH

County Jefferson  
Township  
City Festus, Mo. (No. 680)

Registration District No. 421  
Primary Registration District No. 4249

File No. 22430  
Registered No. 46  
St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

(a) Residence, No. Festus, Mo. St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)

Length of residence in city or town where death occurred 14 yrs. 11 mos. 22 ds. How long in U. S., if of foreign birth? \_\_\_\_\_ yrs. \_\_\_\_\_ mos. \_\_\_\_\_ ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX male 4. COLOR OR RACE Colored 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single  
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 30, 1924  
7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
14 11 22

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. School-boy  
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.  
10. Date deceased last worked at this occupation (month and year) June 1, 1939 11. Total time (years) spent in this occupation ✓

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Festus, Mo.

13. NAME Cleveland Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Shelby County, Tennessee

15. MAIDEN NAME Emma Unknown

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Unknown

17. INFORMANT Mary Morris (ADDRESS) Festus, Mo.

18. BURIAL CREMATION, OR REMOVAL PLACE Crystal City, Mo. DATE June 25, 1939

19. UNDERTAKER (ADDRESS) Central City, Mo.

20. FILED 6/27/39 J. E. Withers Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 27, 1939  
22. I HEREBY CERTIFY, That I attended deceased from April 5, 1939, to June 27, 1939.  
I last saw him alive on June 21, 1939. Death is said to have occurred on the date stated above, at 11:10 P.M.  
The principal cause of death and related causes of importance were as follows:

Tuberculosis Pulmonary  
Date of onset \_\_\_\_\_  
33'

Other contributory causes of importance:  
hemorrhage  
primarily

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Smear 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 \_\_\_\_\_, 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) Harry Gasket, M. D.

(Address) Festus, Mo.

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.

