

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

33812
Do not use this space.

1. PLACE OF DEATH

(a) County Wayne Registration District No. 891
 (b) Township 2 Primary Registration District No. 4540
 (c) City Piedmont or (d) Street No. _____ St.
 (e) Length of residence in city or town where death occurred 60 yrs. 6 mos. 1 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

Registered No. 17

2. PRINT FULL NAME

(a) Residence, No. Piedmont Mo. 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 Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 23, 1939

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

22. I HEREBY CERTIFY, That I attended deceased from 7-1- 1939, to 9-1- 1939

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) FEB 22, 1878

I last saw h. alive on 9-20, 1939. Death is said to have occurred on the date stated above, at _____ m.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
61 6 1

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

OCCUPATION 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. Carpenter
 10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

Valvular Heart Disease
 Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Washington Co

Other contributory causes of importance: 92 W

FATHER 13. NAME James Morris

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

Name of operation _____ Date of _____

MOTHER 15. MAIDEN NAME Minerva Johnson

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bolingb Co. Mo

What test confirmed diagnosis? _____ Was there an autopsy? _____

17. INFORMANT (ADDRESS) Luther Morris
Piedmont, Mo.

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)

18. BURIAL, CREMATION, OR REMOVAL PLACE Masonic DATE Sept 24, 39

Specify whether injury occurred in industry, in home, or in public place.

19. FUNERAL DIRECTOR (NAME) (ADDRESS) W. D. Leah
Piedmont, Mo

Manner of injury _____

20. FILED 10-10- 1939 Mo, Piedmont, Mo
Local Registrar

Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? Yes
 If so, specify _____

(Signed) Ed Jones, M. D.
 (Address) Piedmont 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.

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.

RECEIVED

District Health Officer No. 5,

District File Number. 1039 337

Date Filed 101439

Signed

Norman W. Gish

Licensed Embalmer No. 3387

P. O. Address. Dickinson

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.