

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

Do not use this space.

39832

DEC 12 1939

1. PLACE OF DEATH

County Jackson Registration District No. 345
 Township Sumner Primary Registration District No. 45
 City Blue Springs (No. _____) St. _____ Ward _____

2. FULL NAME

(a) Residence, No. _____ St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-23-39

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Crystal 1890

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, 19____

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June - 10 - 1895

I last saw _____, 19____, Death is said to have occurred on the date stated above @ 2 A.M.

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 49 5 13

The principal cause of death and related causes of importance were as follows:
Tubercle Discharge 2 week 3rd or 4th cen vertebra

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

Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Blue Springs Mo

Other contributory causes of importance: 16 39

13. NAME Samuel Morris

Name of operation _____ Date of _____

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

What test confirmed diagnosis _____ Was there an autopsy _____

15. MAIDEN NAME Oldham

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide _____ Date of injury 11-23-39

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

Where did injury occur? Blue Springs Mo (specify city or town, county, and State)

17. INFORMANT Willie Morris (ADDRESS) Blue Springs Mo

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

18. BURIAL, CREMATION, OR REMOVAL PLACE Blue Springs Mo DATE Nov-26-1939

Manner of injury fall on belly

19. UNDERTAKER (ADDRESS) R. B. Rybick Blue Springs Mo

Nature of injury Tail sheath

20. FILED Dec 4 1939 F. W. Tuttle Registrar

24. Was disease or injury in any way related to occupation of deceased? _____

If so, specify _____ (Signed) Willie Morris M. D. (Address) Blue Springs Mo

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

