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

MAR 11 1940

Do not use this space. 6138

1. PLACE OF DEATH
(a) County Callaway 3 Registration District No. 104
(b) Township or (c) City Fulton Primary Registration District No. 3008 Registered No. 63
(d) Street No. State Hospital #1 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 1 yrs. 6 mos. 20 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME 620 William Morris
(a) Residence, No. Center of Mo. St.
(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 M
4. COLOR OR RACE W
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word) S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) DK.

7. AGE YEARS 88 (aprox) DK MONTHS DK DAYS DK If LESS than 1 day, ...hrs. or ....min.

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. None
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

FATHER
13. NAME DK
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

MOTHER
15. MAIDEN NAME DK
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) DK

17. INFORMANT (ADDRESS) State Hosp. #1 record Fulton Mo

18. BURIAL, CREMATION, OR REMOVAL
PLACE Columbia Mo DATE 2-28 1940

19. FUNERAL DIRECTOR (NAME) J. O. Roberts (ADDRESS) Columbia Mo.

20. FILED Feb. 28 1940. R. N. Crews Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-27 1940

22. I HEREBY CERTIFY, That I attended deceased from July 7, 1938, to 2-27, 1940
I last saw ... alive on 2/26, 1940. Death is said to have occurred on the date stated above, at 3:10 A.m.
The principal cause of death and related causes of importance were as follows:

	Date of onset
Lobar Pneumonia	2/24/40

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Other contributory causes of importance:
Senile Psychosis
Gen. Arteriosclerosis
Dehydration

Name of operation? Date of
What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? no 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? no
If so, specify
(Signed) G. Zwood M. D.
(Address) State Hosp #1 Fulton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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.

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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

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