

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

Do not use this space.

JAN 16 1936

39382

1. PLACE OF DEATH

County Hickory Registration District No. 309
 Township Wesley Primary Registration District No. 23-04-4212
 City Wesley (No.) St. Morton Ward

File No.
 Registered No. 103

2. FULL NAME Marshall Josiah Morton

(a) Residence, No. St. Ward.
 (Usual place of abode)

Length of residence in city or town where death occurred 74 yrs. 11 mos. 9 ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 22, 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
74 11 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Merchant

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) 1931 11. Total time (years) spent in this occupation 90

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wesley Mo.

13. NAME John C. Morton

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

15. MAIDEN NAME Mary J. Dent

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

17. INFORMANT John C. Morton (ADDRESS) Balboa, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Courthouse DATE Dec. 11, 1935

19. UNDERTAKER B. E. Chatham (ADDRESS) Wesley, Mo.

20. FILED Dec. 10, 1935 Olga Monroe Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb 9, 1935

22. I HEREBY CERTIFY, That I attended deceased from Jan 2, 1934, to Feb 9, 1935. I last saw him alive on Feb 9, 1935. Death is said to have occurred on the date stated above, at 8:30 p.m.

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

Leukemia
 Date of onset
 Other contributory causes of importance:

Name of operation none Date of
 What test confirmed diagnosis? red blood cells Was there an autopsy? no

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 none
 Nature of injury none

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify
 (Signed) W. O. Peery, M. D.
 (Address) Wesley, 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.

1
2
22

