

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

Do not use this space.

39538

1. PLACE OF DEATH

County Wadair
Township Turkville
City Turkville (No.)

Registration District No. 4
Primary Registration District No. 3001

File No.
Registered No. 205
St. Ward)

2. FULL NAME

(a) Residence. No. St. Ward. Cambidge Ohio
(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

3. SEX m 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 Jda Morrow

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jun 20 - 1908

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 6 2

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Student
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Brighton
(STATE OR COUNTRY) Tex

PARENTS
10. NAME OF FATHER Newton J Morrow
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Brighton
(STATE OR COUNTRY) Ohio
12. MAIDEN NAME OF MOTHER Elna Nelson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Ohio
(STATE OR COUNTRY)

14. INFORMANT Newton J Morrow
(Address) Cambidge Ohio

15. FILED 12/26, 1929 Chas Becker
REGISTRAR
deputy

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec 22, 1929
17. I HEREBY CERTIFY, That I attended deceased from Dec 18, 1929, to Dec 22, 1929 that I last saw h. in alive on Dec 22, 1929, and that death occurred, on the date stated above, at 3:22 P.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Influenza - Acute
Nephritis, Acute
Myocarditis.
(duration) yrs. mos. 4 ds.

CONTRIBUTORY (SECONDARY) HB
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? no DATE OF
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? none
(Signed) John H. Deady M. D., D. O.
, 19 (Address)

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Cambidge Ohio DATE OF BURIAL Dec 29, 1929

20. UNDERTAKER W. C. Sorenson ADDRESS Bart Turkville

N. B.—Every item of information should be carefully supplied. AGE should be properly classified. Exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

Handwritten notes: 24 Nov, 24 Nov

Handwritten numbers: 26, 2

Handwritten initials: JW

103 W.M.

1929- 12- 28
1908 6- 20
21- 6- 22

188

1929- 12- 28
1908 6- 20
21- 6- 22