

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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

Do not use this space.

27466

1. PLACE OF DEATH
 County BATES Registration District No. 003
 Township OSAGE Primary Registration District No. 3006
 City RICH HILL MO (No. _____, _____, _____) St. _____ Ward _____

2. FULL NAME MORRIS MORLAND
 (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

3. SEX M 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED SINGLE
(Usual place of abode) (If nonresident, give city or town and State)

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) NOV 17 1909

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, _____ hrs. or _____ min.
<u>21</u>	<u>8</u>	<u>.5</u>	

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

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation 6 22th 1981 11. Total time (years) spent in this occupation 2

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) SPRAGUE MO

FATHER 13. NAME ALVA MORLAND

FATHER 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) IOWA

MOTHER 15. MAIDEN NAME AMY EASTBURN

MOTHER 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) RICH HILL MO

17. INFORMANT (ADDRESS) Alva Morland

18. BURIAL, CREMATION, OR REMOVAL PLACE Green lawn DATE 8/26 19

19. UNDERTAKER (ADDRESS) H. E. Baughman Rich Hill Mo

20. FILED 31 Daniel J. Allen Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 23, 31 1981

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

I last saw h _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m.

The principal cause of death and related causes of importance were as follows:
Automobile collisin. Date of onset _____
Fractured skull, Pelvic injuries.
Coners
Coroners jury verdict .unavoidable
accident.

Other contributory causes of importance:
210

Name of operation _____ Date of _____
 What test confirmed diagnosis Inquest Was there an autopsy? No

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide Accident Date of injury Aug. 23, 31
 Where did injury occur? 4 miles south Rich Hill, Mo
(Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place. Public Place

Manner of injury Automobile accident
 Nature of injury Skull fracture and etc

24. Was disease or injury in any way related to occupation of deceased? No
 If so, specify _____

(Signed) C. M. Rice M. D.
 (Address) Coroner Bates Co. Butler, Mo.

