

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

Do not use this space.

1. PLACE OF DEATH

2 County Andre w Registration District No. 15
Township Empire Primary Registration District No. 5018
City (No.) St. _____ Ward _____

21838

File No. _____
Registered No. _____

2. FULL NAME Jacob Andrew Morris

(a) Residence, No. _____ St. _____ Ward Helena, Mo.
(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 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 Gladys Morriss

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Mar. 21, 1859.

7. AGE YEARS MONTHS DAYS If LESS than 1 day,hrs. ormin.
73 3 26.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. 510
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Gen. Farming 515
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 82

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joseph Mo. 1

FATHER 13. NAME Henry Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va. Unknown 2

MOTHER 15. MAIDEN NAME Theresa Cordenier.

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

17. INFORMANT (ADDRESS) Blacks Morriss Helena, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Union Star DATE 7/19/32.

19. UNDERTAKER (ADDRESS) H. D. Wilson Union City, Mo.

20. FILED July 25, 1932 E. C. Pappas Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 7/17/32. 1932

22. I HEREBY CERTIFY, That I attended deceased from December 7, 1931, to July 17, 1932

I last saw him alive on July 17, 1932 Death is said to have occurred on the date stated above, at 1:00 P.m.

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

Carcinoma of penis and prostate gland Date of onset ?

Other contributory causes of importance: Cerebral hemorrhage induced by arteriosclerosis.

Name of operation _____ Date of _____
What test confirmed diagnosis: Clinical 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 _____, 1932

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) Suther E. Rockwood D.D.
(Address) Union Star, 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.

AUG 2 1932

...PHYSICIANS AND ...

...fully supplied ...

...USE OF ...

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Andrew
Township Empire
City (No. _____) _____

Registration District No. 15
Primary Registration District No. 3018

File No. _____
Registered No. 7
St. _____ Ward _____

2. FULL NAME

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

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 W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

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

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.

OCCUPATION 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.

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)

FATHER 13. NAME

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

MOTHER 15. MAIDEN NAME

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

17. INFORMANT (ADDRESS)

18. BURIAL, CREMATION, OR REMOVAL

PLACE _____ DATE _____ 19

19. UNDERTAKER (ADDRESS)

20. FILED _____ 19 _____

Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) July 17, 1932

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

I last saw him _____ 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:

Carcinoma of Prostate gland? Date of onset _____

~~Cerebral hemorrhage induced by arterio-sclerosis~~

Cerebral hemorrhage induced by arterio-sclerosis

Other contributory causes of importance:

Cerebral hemorrhage induced by arterio-sclerosis

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? _____ 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?

If so, specify: _____

(Signed) Ruth E. Rockwell D.O.P.

(Address) Union Star, Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.
N. L. CAUSE
of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

SUPPLEMENTARY

21838