

MAR 24 1934

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

Do not use this space.

1. PLACE OF DEATH

County Marion Registration District No. 577
Township Mason Primary Registration District No. 3029
City Hannibal (No. 800 Benlomon)

File No. 5709
Registered No. 46
St. _____ Ward _____

2. FULL NAME

(a) Residence, No. 800 Benlomon 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 <u>Male</u>	4. COLOR OR RACE <u>col</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>single</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>about - 1860</u>		
7. AGE YEARS <u>about 74</u>	MONTHS <u>-</u>	DAYS <u>-</u>
If LESS than 1 day, _____ hrs. or _____ min.		

OCCUPATION	8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Laborer</u>
	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) Palmyra Mo.13. NAME Wm Morton14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Mo15. MAIDEN NAME Hubertow16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____17. INFORMANT PV Mathews
(ADDRESS) 800 Benlomon St18. BURIAL, CREMATION, OR REMOVAL
PLACE Palmyra DATE 2-11 193419. UNDERTAKER Geo E Roberts
(ADDRESS) Hannibal Mo20. FILED Feb 9 1934 R.H. Jablon
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 2-9 193422. I HEREBY CERTIFY, That I attended deceased from Jul 1 1933 to Feb 9 1934I last saw him alive on Feb 5 1934 Death is saidto have occurred on the date stated above, at 8 a m.

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

Coroacear Scleosis Date of onset _____9/139/139/13

Other contributory causes of importance _____

Name of operation None Date of _____What test confirmed diagnosis? dropy Was there an autopsy? no23. 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? no

If so, specify _____

(Signed) M. S. Ross, M. D.
(Address) Hannibal, 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.

WHITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

