

APR 20 1936

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

Do not use this space.

11158

## 1. PLACE OF DEATH

County Jasper Registration District No. 405  
Township Carthage Primary Registration District No. 3020  
City Carthage (No. ....) St. .... Ward)

File No. ....

Registered No. ....

## 2. FULL NAME

(a) Residence, No. 1507 2nd St., .... Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 31 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

## PERSONAL AND STATISTICAL PARTICULARS

## MEDICAL CERTIFICATE OF DEATH

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Alice Coia Morris</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Dec. 6, 1857</u>		
7. AGE	YEARS <u>78</u>	MONTHS <u>3</u>
	DAYS <u>19</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>Employee</u>	
	9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>Hercules Powder</u>	
	10. Date deceased last worked at this occupation (month and year) .....	11. Total time (years) spent in this occupation <u>60</u>
12. BIRTHPLACE (CITY OR TOWN) <u>Present County</u> (STATE OR COUNTRY) <u>West Virginia</u>		
MOTHER	13. NAME <u>Daniel Morris</u>	
	14. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Indiana</u>	
	15. MAIDEN NAME <u>Shriener</u>	
	16. BIRTHPLACE (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Indiana</u>	
17. INFORMANT <u>Mrs. Alice Morris</u> (ADDRESS) <u>1507 2nd Carthage</u>		
18. BURIAL, CREMATION, OR REMOVAL <u>Funeral</u> PLACE <u>St. Genevieve</u> DATE <u>Mar. 27, 1936</u>		
19. UNDERTAKER <u>Knell &amp; Artuary</u> (ADDRESS) <u>Carthage, Missouri</u>		
20. FILED <u>Mar 31, 1936</u> <u>A. B. Colleton</u> Registrar.		

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Mar. 25, 193622. I HEREBY CERTIFY, That I attended deceased from Mar. 20, 1936 to Mar. 25, 1936I last saw him alive on Mar. 25, 1936 Death is saidto have occurred on the date stated above, at 10 a. m.

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

Ch. interstitial nephritis with hypertension

Date of onset

1932

Other contributory causes of importance:

Name of operation none Date of .....What test confirmed diagnosis? grip Was there an autopsy? no

23. If death was due to external cause (violence), fill in also the following:

Accident, suicide, or homicide? no Date of injury .....

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) A. B. Colleton, M. D.(Address) Carthage, MO

CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

