

JUL 18 1936

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

Do not use this space.

22398

1. PLACE OF DEATH

County Cooper Registration District No. 218
Township _____ Primary Registration District No. 3,015
City Bonville, Mo (No. St. Joseph Hospital) St. _____ Ward _____

File No. _____
Registered No. 69

2. FULL NAME

William Walter Morley
(a) Residence, No. Higbee, Mo 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? 69 yrs. 7 mos. 20 ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Julia Key Morley

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct-18-1864

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
69 7 22

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Loading coal
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Higbee Mines
10. Date deceased last worked at this occupation (month and year) Feb. 1, 1936 11. Total time (years) spent in this occupation. 25 yrs

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Butler Tenn

MOTHER 13. NAME Wm Morley

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

15. MAIDEN NAME Wm K. K. K.

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Wm K. K. K. Tenn

17. INFORMANT Garth Morley
(ADDRESS) Higbee, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE Higbee, Mo DATE 6/12 1936

19. UNDERTAKER Mr. J. W. Burton
(ADDRESS) Higbee, Mo

20. FILED J. M. N. 12 1936 D. E. Hooper Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) June 10, 1936

22. I HEREBY CERTIFY That I attended deceased from May 10, 1936, to June 10, 1936
I last saw him alive on June 9, 1936. Death is said to have occurred on the date stated above, at 7:20 a.m.

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

Obstructive jaundice (icterus) (Hemiparesis)

Other contributory causes of importance:

Duodenal fistula w/ cholecystitis w/ metastasis

Name of operation Cholecystectomy Date of May 20-36
What test confirmed diagnosis? _____ Was there an autopsy? A

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? No
If so, specify _____
(Signed) Chas. Reversing, M. D.
(Address) Bonville, Mo

WHITE 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.

