

FEB 16 1937

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

Do not use this space.

804

1. PLACE OF DEATH

33 County De Witt Registration District No. 269
Township Norman Primary Registration District No. 5376
City _____ (No. _____) St. _____ Ward _____

2. FULL NAME

Blue Thomas Morrison
(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 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 Gene R. Morrison
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 20-1860
7. AGE YEARS 76 MONTHS 6 DAYS 22 If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer
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) St. James, Mo.

13. NAME B. T. Morrison

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. James, Mo.

15. MAIDEN NAME Geneva Steinhilber

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Manassas, Va.

17. INFORMANT (ADDRESS) M. T. Morrison

18. BURIAL, CREMATION, OR REMOVAL PLACE De Witt DATE Jan 15, 1937

19. UNDERTAKER (ADDRESS) W. H. Bailey

20. FILED Jan 15, 1937 Mrs. Cora Bailey Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan-13, 1937

22. I HEREBY CERTIFY That I attended deceased from Oct 15, 1936 to Jan 12, 1937

I last saw him alive on Jan 12, 1937. Death is said to have occurred on the date stated above, at 8:30 a.m.

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

Cardiac Distention
Uremia (Arteriosclerosis)

Other contributory causes of importance:

Senility

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) J. D. Jackson, M. D.

(Address) De Witt, 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.

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

Do not use this space.

1. PLACE OF DEATH

County De Witt
Township German
City (No. _____) _____

Registration District No. 269
Primary Registration District No. 5376

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

2. FULL NAME

John Thomas Morrison
(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

MEDICAL CERTIFICATE OF DEATH

3. SEX male 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan 13, 1937

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

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

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

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	<u>76</u>	<u>6</u>	<u>23</u>	

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

8. Trade, profession, or particular kind of work done, as splinner, 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 _____

Arteriosclerosis
Chronic Nephritis
Date of onset _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____

Other contributory causes of importance: _____
12/1

13. NAME _____

Name of operation _____ Date of _____

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

What test confirmed diagnosis? _____ Was there an autopsy? _____

15. MAIDEN NAME _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 19____

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

Where did injury occur? _____ (Specify city or town, county, and State)

17. INFORMANT (ADDRESS) _____

Specify whether injury occurred in industry, in home, or in public place. _____

18. BURIAL, CREMATION, OR REMOVAL

Manner of injury _____

PLACE _____ DATE _____, 19____

Nature of injury _____

19. UNDERTAKER (ADDRESS) _____

24. Was disease or injury in any way related to occupation of deceased? _____

20. FILED March 17, 1937 Mrs. Cora Bailey Registrar

If so, specify _____

(Signed) J. D. Leone, M. D.

(Address) Salmon, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated exactly. If information is incomplete, exact statement of OCCUPATION is very important. CAUSE OF DEATH in plain terms, so that it may be properly classified.

SUPPLEMENTAL

S-804