

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

Do not use this space.

MAY 17 1937

15688

1. PLACE OF DEATH
 1. County Boone Registration District No. 74 File No. 15688
 Township Rockyfork Primary Registration District No. 5113 Registered No. 6
 City (No. _____) St. _____ Ward _____

2. FULL NAME Robert Thomas Mourning
 (a) Residence, No. Hallsville, Mo. R.R. 1 Ward _____ (If nonresident, give city or town and State)
 (Usual place of abode)
 Length of residence in city or town where death occurred 77 yrs. 7 mos. 17 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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Luella Hardin Mourning

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

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
	<u>77</u>	<u>7</u>	<u>17</u>	

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) March, 1932 11. Total time (years) spent in this occupation 57

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Hallsville Missouri

MOTHER FATHER
 13. NAME Sanford Mourning
 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ Kentucky
 15. MAIDEN NAME Nancy Keys Points
 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) _____ Kentucky

17. INFORMANT Mr. Robert Mourning (ADDRESS) Hallsville Mo.

18. BURIAL, CREMATION, OR REMOVAL
 PLACE Mt. Zion Cem. DATE 4-10-37

19. UNDERTAKER Chandler & Mc Doussal (ADDRESS) Hallsville Mo.

20. FILED 4-10-1937 Mr. Z. L. Fawcett Registrar.

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Apr. 9 1937

22. HEREBY CERTIFY, That I attended deceased from Apr. 2nd 1937 to Apr. 8th 1937
 I last saw him alive on Apr. 8th 1937. Death is said to have occurred on the date stated above, at 3:00 P.M.
 The principal cause of death and related causes of importance were as follows:

Cerebral Hemorrhage

Other contributory causes of importance:
Chronic myocarditis

Name of operation none Date of _____
 What test confirmed diagnosis Phys Exam Were an autopsy? no

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) [Signature] M. D.
 (Address) Centerville 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.

