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.

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

Do not use this space.

1. PLACE OF DEATH JUN 12 1937

County ..... Registration District No. 791

Township ..... Primary Registration District No. 1003

City St. Louis (No. en route to Alexian Brothers Hospital, Ward)

File No. 18428

Registered No. 5004

2. FULL NAME Buford Earl Morris

(a) Residence, No. 2632a Rutger St. 9 Ward. 22
(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): Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan 31, 1913

7. AGE: Years 24 | Months 3 | Days 15 | If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Sheet Metal Worker

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Heating Co

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) Salem Missouri

FATHER

13. NAME Arthur Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Missouri

MOTHER

15. MAIDEN NAME Belle Camden

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Salem Missouri

17. INFORMANT Belle Morris
(ADDRESS) 2632a Rutger

18. BURIAL, CREMATION, OR REMOVAL
PLACE Boss, Missouri DATE May 18, 1937

19. UNDERTAKER Allen W. McLaughlin
(ADDRESS) 2301 Lafayette Ave

20. FILED MAY 17 1937 J. F. Bredick
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 5/16/1937. 19

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

I last saw h..... alive on ....., 19..... Death is said to have occurred on the date stated above, at 3:40 A.

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

Date of onset

Multiple Fractures and traumatic hemorrhage of the brain, as the result of a collision between a Chevrolet sedan which the deceased was driving and an Auburn Sedan driven by Clarence Hooke, driver being injured, on Highway 61, 1/2 mile south of Imperial, Mo., at 3 o'clock a. m., May 16th, 1937.

Other contributory causes of importance:

ACCIDENT.

Name of operation ..... Date of .....

What test confirmed diagnosis? ..... Was there an autopsy? Yes.

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

Accident, suicide, or homicide? Accident Date of injury May 16, 1937

Where did injury occur? Imperial Mo.
(Specify city or town, county, and State)

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

Manner of injury Auto Collision

Nature of injury Multiple fracture & Hemorrhage

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify .....

(Signed) Alfred J. Perry M. D.

(Address) Deputy Coroner