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

NOV 15 1937

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

Do not use this space.

37131

File No. 37131

Registered No. 1105

1. PLACE OF DEATH

County Buchanan — Registration District No. 1

Township — Primary Registration District No. 1

City St Joseph (No. ST. JOSEPH HOSPITAL St. Ward)

2. FULL NAME George Henry Morton

(a) Residence, No. St., Ward. Kingston Mo.
(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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Sept 14 1918

7. AGE: 19 YEARS, 0 MONTHS, 23 DAYS. If LESS than 1 day, ...hrs. or ...min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Truck driver

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) Kingston Mo.

FATHER

13. NAME Charles A Morton

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Bradshaw Nebr.

MOTHER

15. MAIDEN NAME Cora May Cook

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

17. INFORMANT (ADDRESS) Chas. A. Morton Kingston Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Kingston Mo. DATE Oct. 12, 1937

19. UNDERTAKER (ADDRESS) G. R. Houghton Hamilton Mo

20. FILED 11-12 1937 H J Neuhaus Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Oct 7 — 1937

22. I HEREBY CERTIFY, That I attended deceased from Oct 7th, 1937 to ..., 19..

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

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

Injuries received when the car in which he was riding collided with another car near Gallatin Mo,

Date of onset

Other contributory causes of importance: none

310 m

Name of operation ... Date of ...

What test confirmed diagnosis? History Was there an autopsy? no

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

Accident, suicide, or homicide? accident Date of injury Oct 7, 1937

Where did injury occur? Near Gallatin 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 Internal injuries

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

If so, specify

(Signed) R.W. Tadlock Coroner, M. D.

(Address) King Hill Bldg