

JAN 21 1938

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

Do not use this space.

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46281

1. PLACE OF DEATH

County St. Louis  
Township Bragg City  
City (No. ....) .....

Registration District No. 658  
Primary Registration District No. 5871

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

2. FULL NAME

Jerry Dale Morris

(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 M 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) June 2-15-1937

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

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

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. Louis, Mo.

13. NAME

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

15. MAIDEN NAME Opal Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kennett, Mo.

17. INFORMANT (ADDRESS) Mrs. Russell, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE, DATE 12/29 37

19. UNDERTAKER (ADDRESS) Baldwin Funeral Home

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec-28 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23-1937 to 12-28 1937

I last saw him alive on 12-28 1937. Death is said to have occurred on the date stated above, at 8:25 A. m.

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

Broncho-Pneumonia Date of onset

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Other contributory causes of importance:

None

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 .....

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. H. Kennett, M. D. (Address) Kennett, 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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U.S. DEPARTMENT OF HEALTH, EDUCATION AND WELFARE  
OFFICE OF RESEARCH AND STATISTICS  
VITAL AND STATISTICS DIVISION  
MORTALITY STATISTICS  
MORTALITY REPORTS  
MORTALITY REPORTS  
MORTALITY REPORTS

FILL IN ANSWERS TO ALL SPACES CHECKED IN RED PENCIL.

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

46281 Do not use this space.

1. PLACE OF DEATH

(a) County Permian Registration District No. 623 (b) Township Bragg City Primary Registration District No. 5871 (c) City (d) Street No. (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U.S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Jerry Dale Morris (a) Residence, No. (Usual place of abode, if no street address, write county or city) St. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX m 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED S

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 15 - 1937

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. 6 13

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. at Home 9. Industry or business in which work was done, as 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 Louis

13. NAME

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

15. MAIDEN NAME Opal Morris

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Keosauqua Mo

17. INFORMANT (ADDRESS) Mrs Keosauqua Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE DATE 12/29 1937

19. FUNERAL DIRECTOR (ADDRESS) Baldwin Funeral Home

20. FILED 11-4 1938 JWR Rhodes Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec 29 1937

22. I HEREBY CERTIFY, That I attended deceased from 12-23 1937 to 12-28 1937 I last saw him alive on 12-23 1937. Death is said to have occurred on the date stated above, at 8:20 P.M. The principal cause of death and related causes of importance were as follows:

Other contributory causes of importance: Pneumonia Date of onset

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 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. H. Keim, M. D. (Address) Keosauqua Mo

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETED AS PRESCRIBED BY CAUSE OF DEATH IN plain terms, so that it may be properly classified.

SUPPLEMENTAL

