

REC'D APR 15 1938

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

10079

Do not use this space.

1. PLACE OF DEATH

(a) County Benton Registration District No. 59
(b) Township _____ Primary Registration District No. 4034 Registered No. 14
(c) City Cole Camp (d) Street No. _____ St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
(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

Charles Adam Morris 620

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

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 Mrs Percilla Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) 2-28-1859

7. AGE 79 YEARS 0 MONTHS 29 DAYS If LESS than 1 day, _____ hrs. or _____ min.

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Retired Laborer
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) Philadelphia Penn13. NAME Adam Morris14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn15. MAIDEN NAME Jane Wise16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Philadelphia Penn17. INFORMANT (ADDRESS) Mrs. Hella Fowl
Cole Camp Mo18. BURIAL, CREMATION, OR REMOVAL PLACE Cole Camp Cem DATE 3-28-193819. FUNERAL DIRECTOR (ADDRESS) E. L. Eickhoff
Cole Camp Mo20. FILED 3-29 1938 Sam Selover
Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-26-1938 193822. I HEREBY CERTIFY, That I attended deceased from 3-19 1938 to 3-26 1938I last saw him live on 3-26 1938 Death is said to have occurred on the date stated above, at 8:30 P m.

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

Lobar Pneumonia Date of onset _____Other contributory causes of importance: 105Name of operation _____ Date of _____
What test confirmed diagnosis? Smear Was there an autopsy? No23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____, 1938

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? NoIf so, specify _____
(Signed) D. P. Reser M. D.Cole Camp Mo (Address) 63

STATEMENT BY LICENSED EMBALMER

I,, Licensed Embalmer No.
hereby certify that the body recorded on the reverse side of this certificate was embalmed by.....
..... L. E.
No. or by, Registered Apprentice No.
working under my personal supervision.

Signed E. F. Eickhoff
Licensed Embalmer No. 730

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)