

APR 23 1938

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

12380
Do not use this space.

1. PLACE OF DEATH

(a) County Wesmoren Registration District No. 875
 (b) Township Washington Primary Registration District No. 6162 Registered No. 76
 (c) City State Hosp # 3 (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number) St. _____
 (e) Length of residence in city or town where death occurred 1 yrs. 3 mos. 11 ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Frank Morris 620
 (a) Residence, No. Rich Hill, Mo 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 M 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married
 5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mrs Frank Morris
 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 14, 1887
 7. AGE YEARS MONTHS DAYS If LESS than 1 day,hra. ormin.
50 yrs 5 7
 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Bootlegger
 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) 2 yrs ago 11. Total time (years) spent in this occupation? ?

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri 0

13. NAME Ely Morris 9

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) ? 9

15. MAIDEN NAME ?

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

17. INFORMANT (ADDRESS) Claude Morris
Rich Hill, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE Rich Hill DATE Mar 23 38

19. FUNERAL DIRECTOR (ADDRESS) Booth Funeral
Rich Hill, Mo

20. FILED 3-21 1938 Allen & Mayo
Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) March 21, 1938
 22. I HEREBY CERTIFY, That I attended deceased from March 1, 1938, to March 21, 1938
 I last saw him alive on March 1, 1938 Death is said to have occurred on the date stated above, at 6:40 m.
 The principal cause of death and related causes of importance were as follows:

Heart Failure
Col. Doc =
Syphilis
34
 Other contributory causes of importance: _____
 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 _____, 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? _____
 If so, specify _____
 (Signed) Dr. Shelton M. D.
 (Address) State Hospital # 3
795

Date of onset
3-21-38
1938
1929

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.

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.....

Licensed Embalmer No.....

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.)