

REC'D MAY 10 1938

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

13990

Do not use this space.

1. PLACE OF DEATH
10(a) County Boone Registration District No. 73
3 (b) Township Columbia Primary Registration District No. 3006 Registered No. 89
(c) City Columbia (d) Street No. 1 St.
(If death occurred in Hospital or Institution, write its name instead of street and number)
4 (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 BURTON MORRILL 640
(a) Residence, No. 105 THE Baine Ave 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) Widowed

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Aug 4 - 1861

7. AGE YEARS 76 MONTHS 8 DAYS 15 If LESS than 1 day, hrs. or min.

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.
9. Industry or business in which work was done, as saw mill, bank, etc. Retired Merchant
10. Date deceased last worked at this occupation (month and year) 1934 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Des Moines IA

FATHER 13. NAME Gideon MORRILL

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

MOTHER 15. MAIDEN NAME Dont Know

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Dont Know

17. INFORMANT (ADDRESS) Mrs. Eva Cronin Columbia, Mo

18. BURIAL, CREMATION, OR REMOVAL PLACE MEMORIAL PARK DATE APRIL 21, 1938

19. FUNERAL DIRECTOR (ADDRESS) R. O. Willett Columbia Mo

20. FILED 4/21/38 Allie Selby Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) April 19th 1938

22. I HEREBY CERTIFY, That I attended deceased from April 13, 1938, to April 19, 1938. I last saw him alive on April 18, 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:

Hypertensive Heart Disease

Date of onset
Not Known

Other contributory causes of importance:

Calcification of Rt. Hand

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? no

If so, specify _____

(Signed) Joseph T. Caples, M. D.

(Address) Columbia, Mo.

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STATEMENT BY LICENSED EMBALMER

Lyman A. Sprinkle Licensed Embalmer No. 4013
hereby certify that the body recorded on the reverse side of this certificate was embalmed by *L. A. Sprinkle*
.....
..... L. E.

No. or by Registered Apprentice No.
working under my personal supervision.

Signed *Lyman A. Sprinkle*
.....
Licensed Embalmer No. 4013.....

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.)