

1938 OCT 18 1938

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

32092
Do not use this space.

1. PLACE OF DEATH

(a) County Daviess Registration District No. 250
(b) Township Union Primary Registration District No. 5348
(c) City (d) Street No. Registered No. 32
(e) Length of residence in city or town where death occurred 40 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME William L. Morris

(a) Residence, No. Daviess Co. 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

MEDICAL CERTIFICATE OF DEATH

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

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

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

22. I HEREBY CERTIFY, That I ^{VIEWED} attended deceased from ON Sept. 19, 1938, to Sept. 19, 1938.

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 24, 1860

I last saw him live on Sept. 19, 1938. Death is said to have occurred on the date stated above, at 49 m.

7. AGE YEARS 78 MONTHS 1 DAYS 25 If LESS than 1 day, hrs. or min.

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

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Farmer
9. Industry or business in which work was done, as saw mill, bank, etc. Retired 2 Yrs
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation life

Chronic myocarditis (sudden death in bed.)
Date of onset

12. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Texas

Other contributory causes of importance: gbc

FATHER 13. NAME William Morris 14. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY) Texas

MOTHER 15. MAIDEN NAME Unknown 16. BIRTHPLACE (CITY OR TOWN) Unknown (STATE OR COUNTRY)

17. INFORMANT (ADDRESS) Frank Morris Gallatin, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Civil Bend, Mo. DATE Sept 21, 1938

19. FUNERAL DIRECTOR (NAME) Hope Furn. & Undt. Co. (ADDRESS) Gallatin, Mo.

20. FILED Sept. 20, 1938 - H. A. Hope Local Registrar.

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) S. Frank Nichols, M. D. (Address) Gallatinburg, Mo.

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

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Caboner

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

L. O. Richesson, or by

Registered Apprentice No., working under my personal supervision.

Signed

L. O. Richesson

Licensed Embalmer No. 5302

P. O. Address Gallatin, Mo.

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

If this body is not embalmed, above space should be left blank.