

REC'D SEP 21 1939

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

29745

Do not use this space.

**1. PLACE OF DEATH**

(a) County Monroe Registration District No. 581  
 (b) Township Indian Creek Primary Registration District No. 5783 Registered No. 23  
 (c) City \_\_\_\_\_ or \_\_\_\_\_ (d) Street No. \_\_\_\_\_ St. \_\_\_\_\_  
 (e) Length of residence in city or town where death occurred 7 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

**2. PRINT FULL NAME**

John Morkin  
 (a) Residence, No. Monroe co 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) Single

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 19<sup>th</sup> 1861

7. AGE YEARS MONTHS DAYS If LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.  
77 8 13

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. \_\_\_\_\_

10. Date deceased last worked at this occupation (month and year) \_\_\_\_\_ 11. Total time (years) spent in this occupation \_\_\_\_\_

12. BIRTHPLACE (CITY OR TOWN) Palmyra (STATE OR COUNTRY) Mo.

FATHER 13. NAME William Morkin

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

MOTHER 15. MAIDEN NAME Mary - Byrns

16. BIRTHPLACE (CITY OR TOWN) Dublin (STATE OR COUNTRY) Ireland

17. INFORMANT (ADDRESS) Francis Morkin  
Monroe City Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE St. Stephens Cemetery DATE Sept. 3<sup>rd</sup> 1939

19. FUNERAL DIRECTOR (NAME) Wilson & Son (ADDRESS) Monroe City Mo.

20. FILED Sept. 2<sup>nd</sup> 1939 W. D. Pipkin Local Registrar.

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept. 1<sup>st</sup> 1939

22. I HEREBY CERTIFY, That I attended deceased from Feb. 11 1935 to Sept 1 1939  
 I last saw him alive on Aug 31 1939. Death is said to have occurred on the date stated above, at 11:30 a.m.  
 The principal cause of death and related causes of importance were as follows:

Coronary occlusion Date of onset Aug 27 39  
946

Other contributory causes of importance:  
Heart disease from 1934  
Dysentery or B.C.  
Practical Diabetes

Name of operation none Date of \_\_\_\_\_  
 What test confirmed diagnosis clinical Was there an autopsy? no

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) W. D. Pipkin, M. D.  
 (Address) Monroe City Mo.  
513

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**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, or by myself

....., Registered Apprentice No.....  
working under my personal supervision.

Signed O. W. Wilson

Licensed Embalmer No. 1696

P. O. Address Monroe City MO

**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.)**

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