

1939 OCT 19 1939

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

31753  
Do not use this space.

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

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1. PLACE OF DEATH

(a) County Audrain Registration District No. 26

(b) Township Saltriver Primary Registration District No. 3002

(c) City Mexico (d) Street No. Audrain Hospital Registered No. 133

(e) Length of residence in city or town where death occurred 30 yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME Gaza W. Morris

(a) Residence, No. R.F.D. 8, Mexico, St.  (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

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) Feb. 1, 1870

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min. 69 7 5 4'

OCCUPATION 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) (STATE OR COUNTRY) Va.

FATHER 13. NAME Z.T. Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Va.

MOTHER 15. MAIDEN NAME Unknown

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

17. INFORMANT E. Logan W. Morris

(ADDRESS) Mexico, Mo.

18. BURIAL, CREMATION, OR REMOVAL PLACE Benton City, DATE Sept. 6 1939

19. FUNERAL DIRECTOR (NAME) H.A. Precht & Son

(ADDRESS) Mexico, Mo.

20. FILED Sept 6 1939 Blanche Kelly Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 1939

22. I HEREBY CERTIFY, That I attended deceased from April 6 1939 to Sept 5 1939

I last saw him alive on Sept 4 1939. Death is said to have occurred on the date stated above, at 4110 Fla.

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

Acute Thrombophlebitis of lower extremities - gangrene of left foot.

Other contributory causes of importance: Varicose ulcers of left leg.

Name of operation none Date of 100

What test confirmed diagnosis? Phy. findings Was there an autopsy? no

23. If death was due to external causes (violence), fill in also the following: Accident, suicide, or homicide? no Date of injury —, 19—

Where did injury occur? none (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 no

(Signed) J.H. Drashner, M. D.

(Address) Mexico, Mo.

RECEIVED

District Health Officer No. 10

District File Number 10-39-1746

Date Filed OCT 9 1939

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, .....

**Earl E. Precht**

....., or by .....

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

Signed.....

*Earl E. Precht*

Licensed Embalmer No. 3189

P. O. Address Mexico, 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.