

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

Do not use this space.

REC'D APR 22 1938

1. PLACE OF DEATH

County *St. Francois*
Township *Perry*
City *R-1 Bonne Terre* (No.)

Registration District No. *775*
Primary Registration District No. *6020*

File No. *11950*
Registered No. *19* St. Ward)

2. FULL NAME

William Irvin Morris *620*
(a) Residence, No. *R-1 Bonne Terre Mo* Ward.
(Usual place of abode)

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

5A. IF MARRIED, WIDOWER OR DIVORCED HUSBAND OF (OR) WIFE OF *Catherine Jane Morris*

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) *Sept 30, 1852*

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
85 5 9

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. *Farmer*

9. Industry or business in which work was done, as silk mill, 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) *Joplin Missouri*

13. NAME *Unknown*

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) *Unknown*

15. MAIDEN NAME *Martha Carlton*

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

17. INFORMANT (ADDRESS) *William C Morris Bonne Terre Mo*

18. BURIAL, CREMATION, OR REMOVAL PLACE *Marion Chapel* DATE *March 12, 1938*

19. UNDERTAKER (ADDRESS) *Benjamin Ward Co James Lee Mo*

20. FILED *March 17, 1938* *N. N. Hawkins* Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) *March 9, 1938*

22. I HEREBY CERTIFY, That I attended deceased from *3-6*, 19*38*, to *3-9*, 19*38*

I last saw him alive on *3-9*, 19*38* Death is said to have occurred on the date stated above, at *11 A* m.

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

Broncho-pneumonia Date of onset *3-7-38*

Other contributory causes of importance:

Pleurisy anterior blebs, general impaction of hr.

Name of operation *none* Date of *no*
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 *Harold O Garbe*, M. D.

(Signed) *Desloge Mo* 698 (Address) *Desloge Mo*

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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