

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 Registration District No. 175
 Township Perry Primary Registration District No. 6020
 City R-1 Bonne Terre (No. _____) St. _____ Ward _____

2. FULL NAME William Irwin Morris 620
 (a) Residence, No. R-1 Bonne Terre St. _____ Ward _____
 (Usual place of abode) (If nonresident, give city or town and State)
 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.

File No. 11950
 Registered No. 19

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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Catherine Gene Morris

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

7. AGE	YEARS	MONTHS	DAYS	If LESS than 1 day, _____hra. or _____min.
	<u>85</u>	<u>5</u>	<u>9</u>	

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 William C Morris
 (ADDRESS) Bonne Terre Mo

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

19. UNDERTAKER Berkley and Co
 (ADDRESS) Bonne Terre 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, 1938, to 3-9, 1938
 I last saw him alive on 3-9, 1938. 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
arteriosclerosis
myocarditis
etc.

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) Harold O. Gerbe, M. D.
699 (Address) Dealey 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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