

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

Do not use this space.

22097

1. PLACE OF DEATH

County... *Moniteau*
Township... *Willowfork*
City... *Dipton* (No.)

Registration District No. *575*
Primary Registration District No. *4339*

File No.
Registered No.
St. Ward)

2. FULL NAME

Adolph Morlock

(a) Residence, No. St., Ward.
(Usual place of abode)

Length of residence in city or town where death occurred *47 yrs. 5 mos. 3 ds.* How long in U.S., if of foreign birth? yrs. mos. ds.

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 *Anna Morlock*

6. DATE OF BIRTH (MONTH, DAY AND YEAR) *June 11 - 1882*

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
47 5 3

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work *Farmer*
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) *near Dipton Mo.*
(STATE OR COUNTRY)

10. NAME OF FATHER *August Morlock*

11. BIRTHPLACE OF FATHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER *Val. Kern*

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) *Germany*
(STATE OR COUNTRY)

14. INFORMANT *August Morlock*
(Address) *Dipton Mo.*

15. FILED *6-17-29* *Wm. C. E. Frie* REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2 16. DATE OF DEATH (MONTH, DAY AND YEAR) *June 16 1929*

17. I HEREBY CERTIFY That I attended deceased from *June 8*, 19*29*, to *June 14*, 19*29*, that I last saw him alive on *June 14*, 19*29*, and that death occurred, on the date stated above, at *11:45 P.M.*

18. THE CAUSE OF DEATH* WAS AS FOLLOWS:
Typhoid and Pneumonia fever

CONTRIBUTORY (SECONDARY) *10/12* (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH.....

19. DID AN OPERATION PRECEDE DEATH? *no* DATE OF
WAS THERE AN AUTOPSY? *no*
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) *G. S. Nelson*, M. D.
June 15 1929 (Address) *Fortuna*

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL *Moreau Cemetery* DATE OF BURIAL *6/16 1929*

20. UNDERTAKER *G. G. Schreff* ADDRESS *Dipton Mo.*

K. 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.

DEPARTMENT RECORD

261929
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