

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

Do not use this space.

1842

**1. PLACE OF DEATH**

County Moniteau

Registration District No. 576

Township Harrison

Primary Registration District No. 5773

City Harrison

(No. \_\_\_\_\_)

File No. \_\_\_\_\_

Registered No. 12

St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME Harry E. Morris**

(a) Residence, No. Enon, Missouri 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, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Daisy Morris

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan. 3rd, 1877

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.  
55 0 0

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) Enon, Missouri

13. NAME B. H. Morris

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Latham, Missouri

15. MAIDEN NAME Hellen Bruce

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

17. INFORMANT Warren Morris  
(ADDRESS) Clean, Missouri

18. BURIAL, CREMATION, OR REMOVAL PLACE High Point, Gem DATE Jan. 5th, 1932

19. UNDERTAKER G. N. Steffens  
(ADDRESS) Russellville, Mo.

20. FILED 1-10-32 J. H. Smith Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Jan. 3rd, 1932

22. I HEREBY CERTIFY, That I attended deceased from Jan 31, 1931, to Jan 3, 1932. I last saw him alive on Jan 3, 1932. Death is said to have occurred on the date stated above, at 7-30 P.M.

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

Cancer of left lung

Other contributory causes of importance:

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_

What test confirmed diagnosis? \_\_\_\_\_ Was there an autopsy? \_\_\_\_\_

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? \_\_\_\_\_ Date of injury \_\_\_\_\_, 1932

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) J. H. Smith, M. D.

(Address) Clean, Mo.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIAN should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

