

Morris, John Clayton 1933 - 1933

Form V. S. 1-50m-1-27-27

COMMONWEALTH OF KENTUCKY
State Board of Health
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

21773
File No. _____
Registered No. _____

1 PLACE OF DEATH
County Moreland Registration District No. 6280
Inc. Town _____ Primary Registration District No. _____
City _____ (No. _____ St. _____ Ward _____)
(If death occurred in a hospital or institution, give its NAME instead of street and number)

2 FULL NAME John Clayton Morris
(a) Residence No. _____ 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. Now long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS			MEDICAL CERTIFICATE OF DEATH		
3 SEX <u>M.</u>	4 COLOR OR RACE <u>W.</u>	5 Single Married Widowed or Divorced (Write the word) <u>Single</u>	16 DATE OF DEATH <u>Aug 2</u> (Month) (Day) (Year) <u>1933</u>	17 I HEREBY CERTIFY, That I attended deceased from <u>July 30</u> , 19 <u>33</u> , to <u>Aug 1</u> , 19 <u>33</u> , that I last saw him alive on <u>Aug 1</u> , 19 <u>33</u> and that death occurred on the date stated above at <u>11 a.m.</u> The CAUSE OF DEATH* was as follows: <u>Illness Colicis</u>	
5a If married, widowed, or divorced HUSBAND of (or) WIFE of _____			Contributory (Secondary) <u>Heart Baby</u> (Duration) _____ yrs. mos. ds.		
6 DATE OF BIRTH <u>Mar 20</u> (Month) (Day) (Year)			18 WHERE WAS DISEASE CONTRACTED If not at place of death? _____ Did an operation precede death? _____ Date of _____ Was there an autopsy? _____ What test confirmed diagnosis? _____ (Signed) <u>M. Rae Piper, M.D.</u> <u>Aug 2 1933</u> (Address) <u>Moreland Ky</u>		
7 AGE yrs. <u>4</u> mos. <u>12</u> ds. IF LESS than 1 day _____ hrs or _____ min?			19 PLACE OF BURIAL OR REMOVAL <u>Moreland</u> DATE OF BURIAL <u>Aug 3 1933</u>		
8 OCCUPATION OF DECEASED (a) Trade, profession or particular kind of work <u>house</u> (b) General nature of industry, business or establishment in which employed (or employer) _____			20 UNDERTAKER <u>W. B. Pruitt</u> ADDRESS <u>Moreland</u>		
9 BIRTHPLACE (city or town) (State or country) _____			*State the Disease Causing Death, or, in deaths from Violent Cause, state (1) Means and nature of Injury; and (2) whether Accidental, Suicidal or Homicidal. (See reverse side for additional space.)		
PARENTS	10 NAME OF FATHER <u>Joseph Morris</u>				
	11 BIRTHPLACE OF FATHER (city or town) (State or country) <u>Ky</u>				
	12 MAIDEN NAME OF MOTHER <u>Mag Lawson</u>				
	13 BIRTHPLACE OF MOTHER (city or town) (State or country) <u>Ky</u>				
14 (Informant) _____ (Address) _____					
15 Filed <u>Aug 3, 1933</u> <u>Sara B Pruitt</u> Registrar					

state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

on carelessly supplied. AGE SHOULD BE EXACTLY. PHYSICIANS should