

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.

BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

1. PLACE OF DEATH
 County Petta Co. Registration District No. 669 File No. 6585
 Township Lake Creek Primary Registration District No. 5897 Registered No. H
 City (No.) St. Ward (No.)

2. FULL NAME Wm. Thomas Morarity
 (a) Residence, No. Box 1 Mora St., Ward, (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 40 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

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 Husband of Maggie Morarity

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 23-1892

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
48 10 29

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) Farm work
 (c) Name of employer Himself

9. BIRTHPLACE (CITY OR TOWN) Petta Co.
 (STATE OR COUNTRY) Mo.

10. NAME OF FATHER Geo Morarity

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Don't know
 (STATE OR COUNTRY) Mo.

12. MAIDEN NAME OF MOTHER Christina Meyer

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Petta Co
 (STATE OR COUNTRY) Mo.

14. INFORMANT (Address) Thomas M. Morarity Mora Mo

15. FILED 3-1, 1931 Mrs J L Mouser REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2/22 1931

17. I HEREBY CERTIFY, That I attended deceased from viewed body, 1931, to 1931, and that (that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Gun shot wound in left breast inflicted by self with suicidal intent
167 (duration) yrs. mos. da.

CONTRIBUTORY (SECONDARY) 167 (duration) yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED? 167
 IF NOT AT PLACE OF DEATH.....

DID AN OPERATION PRECEDE DEATH? No DATE OF 2/22

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS?
 (Signed) W. S. Bishop Coroner M. D.
 , 19 (Address) Bedalia Mo

*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 Bedalia Mo DATE OF BURIAL 2/24 1931
 20. UNDERTAKER W. Laughlin ADDRESS Bedalia

