

INDIANA STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Local No. 76  
Registered No. 6380

EMBALMER'S NAME Milton Carcy  
LICENSE NO. 3292  
  
FUNERAL DIRECTOR'S LICENSE NO. 497

<b>1. PLACE OF DEATH:</b> County <u>Monroe</u> City or town <u>Bloomington</u> (If outside city or town limits, write RURAL) Street address, hospital, or institution: <u>335 South Jackson</u> Stay in hospital or inst. (yrs., or mos., or days) _____ Stay in this community (yrs. or mos., or days) _____		<b>2. USUAL RESIDENCE (HOME) OF DECEASED:</b> (For new-born infants give residence of mother) State <u>Indiana</u> County <u>Monroe</u> City or town <u>Bloomington</u> (If outside city or town limits, write RURAL) Street No. <u>335 South Jackson</u> (If rural give LOCATION)	
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3. (a) FULL NAME <u>Samuel Fowler Morrison</u>	3. (b) Social Security Number
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4. Sex <u>Male</u>	5. Color or race <u>White</u>	6. (a) Single, married, widowed, or divorced <u>Married</u>
6. (b) Name of husband or wife <u>Bertha Morrison</u>		
6. (c) If alive, give age <u>59</u> years		
7. Birth date of deceased (mo., day, yr.) <u>Nov. 29, 1858</u>		
8. AGE: Years <u>81</u>	Months <u>2</u>	Days <u>13</u>
If less than one day hrs. min.		
9. Birthplace <u>Brown County Indiana</u> (Town, county, and state)		
10. Usual occupation <u>Engineer</u>		
11. Industry or business <u>Stationary engineer</u>		

MOTHER/FATHER	12. Name <u>Bumper Morrison</u>
	13. Birthplace <u>Kentucky</u>
	14. Maiden name <u>Wagoner</u>
	15. Birthplace <u>Wagoner</u>
16. Informant <u>Bertha Morrison</u>	Address <u>Bloomington Indiana</u>
17. Burial <u>2/14/40</u>	Date thereof (month) (day) (year)
(Burial, cremation, or removal, which?)	
Cemetery or crematory <u>Rose Hill</u>	
Location <u>Bloomington Indiana</u>	
18. Funeral director <u>Arthur Day</u>	Address <u>Bloomington Indiana</u>

**MEDICAL CERTIFICATION** 12:35

20. DATE OF DEATH Feb. 12 19 40 at p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 6 19 40 to Feb 12 19 40 and that I last saw him alive on Feb 12 19 40

Immediate cause of death <u>Influenza</u>	DURATION
Due to	
Due to	
Other conditions	
(Include pregnancy, within 3 months of death)	
Major findings:	PHYSICIAN Please underline the cause to which death should be charged statistically.
Of operations	
Of autopsy	

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Injured at work? \_\_\_\_\_ Means of injury \_\_\_\_\_

23. SIGNATURE J. W. Hiltshire M.D.

Address Bloomington, Ind Date signed 2/12/40

Filed 2-14 19 40 Ac Rogers  
Health Officer