3315.8

V. S. No. 2.

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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 import

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

PLACE OF DEATH

unty ~~Marian~~ Dalene State of Kentucky

wnship Blackwater

Registration District No. 798 File No. ~~[illegible]~~ 1-a

Primary Registration District No. 6044 Registered No. 10

y ..... (NO. ..... St.; ..... Ward)

[If death occurred in a hospital or institution, give its NAME instead of street and number]

FULL NAME Susan Elizabeth Morris

PERSONAL AND STATISTICAL PARTICULARS

X	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (Write the word)
emale	white	married

ATE OF BIRTH Nov. (Month) 19 (Day), 1852 (Year)

E 70 yrs. — mos. 7 ds. If LESS than 1 day, ... hrs. or ..... min.?

CUPATION Trade, profession, or ticular kind of work her home duties

General nature of industry, ness, or establishment in ch employed (or employer)

THPLACE y or town, e or foreign country) Kentucky.

NAME OF FATHER Richard French

BIRTHPLACE OF FATHER (City or town, State or foreign country) Illinois

MAIDEN NAME OF MOTHER Mary S Morris

BIRTHPLACE OF MOTHER (City or town, State or foreign country) Taylor Co. Ky.

E ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

formant) Ed. H. Morris

(ADDRESS) Nelson, Mo.

4/10-23

d ~~Nov 27~~ 1922 Lee L Hueck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3

DATE OF DEATH Nov. (Month) 26th (Day), 1922 (Year)

I HEREBY CERTIFY, that I attended deceased from Nov. 13th, 1922, to Nov. 26th, 1922, that I last saw her alive on Nov. 26, 1922, and that death occurred, on the date stated above, at 2 pm.

The CAUSE OF DEATH* was as follows:

Cerebral Hemorrhage

82A

74a

162 (Duration) — yrs. — mos. 13 ds.

Contributory (SECONDARY) Age and High Blood pressure (Duration) — yrs. — mos. — ds.

(Signed) J. B. Hurrett M. D.

Nov 27, 1922 (Address) Blackwater Mo

*State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs. ..... mos. ..... ds.

Where was disease contracted if not at place of death?

Former or usual residence

PLACE OF BURIAL OR REMOVAL Nelson Cemetery

DATE OF BURIAL Nov 27 1922

UNDERTAKER Nelson & McClelland

ADDRESS Nelson Mo.

V. S. No. 2.

MARGIN RESERVED FOR BINDING

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MISSOURI STATE BOARD OF HEAL

BUREAU OF VITAL STATISTICS

CERTIFICATE OF DEATH

PLACE OF DEATH

County .....

Township ..... Registration District No. ..... File No. .....

or

Village ..... Primary Registration District No. ..... Registered No. .....

or

City ..... (NO. ..... St.; ..... Ward)

(If death occurred hospital or instit give its NAME in of street and numbe

FULL NAME .....

PERSONAL AND STATISTICAL PARTICULARS

SEX	COLOR OR RACE	SINGLE MARRIED WIDOWED OR DIVORCED (*Write* the word)

DATE OF BIRTH

..... , 1..... (Month) (Day) (Year)

AGE

..... yrs. ..... mos. ..... ds.

If LESS than 1 day, ... hrs. or ..... min.?

OCCUPATION
(a) Trade, profession, or particular kind of work .....

(b) General nature of industry, business, or establishment in which employed (or employer) .....

BIRTHPLACE
(City or town, State or foreign country)

PARENTS

NAME OF FATHER

BIRTHPLACE OF FATHER
(City or town, State or foreign country)

MAIDEN NAME OF MOTHER

BIRTHPLACE OF MOTHER
(City or town, State or foreign country)

THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE

(Informant) .....

(ADDRESS) .....

Filed ..... , 191..... .....
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

DATE OF DEATH

..... , 19
(Month) (Day) (Y

I HEREBY CERTIFY, that I attended deceased

..... , 191..... , to ..... , 191

that I last saw h ..... alive on ..... , 191

and that death occurred, on the date stated above, at .....

The CAUSE OF DEATH* was as follows:

.....

.....

.....

..... (Duration) ..... yrs. ..... mos. .....

Contributory .....
(SECONDARY)

..... (Duration) ..... yrs. ..... mos. .....

(Signed) ..... M

..... , 191..... (Address) .....

*State the Disease Causing Death, or, in deaths from Violent Causes, s (1) Means of Injury: and (2) whether Accidental, Suicidal, or Homicidal.

LENGTH OF RESIDENCE (FOR HOSPITALS INSTITUTIONS, TRANSIENTS RECENT RESIDENTS)

At place of death ..... yrs. ..... mos. ..... ds. In the State ..... yrs ..... mos. .....

Where was disease contracted if not at place of death? .....

Former or usual residence .....

PLACE OF BURIAL OR REMOVAL	DATE OF BURIAL ..... , 19
UNDERTAKER	ADDRESS