

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

Do not use this space.

1. PLACE OF DEATH

County Buchanan Registration District No. 85 File No. 36012
 Township Primary Registration District No. 1001 Registered No. 1250
 City St. Joseph (No. 2224 South 10 Street) St. Ward)

2. FULL NAME Minnie Amelia Morey

(a) Residence No. 2224 South 10 Street St. Ward.
 (Usual place of abode) (If nonresident give city or town and State)
 Length of residence in city or town where death occurred 25 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Garden Morey</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>July. 17. 1855.</u>		
7. AGE	YEARS	MONTHS
	<u>72</u>	<u>4</u>
		19
8. OCCUPATION OF DECEASED (a) Trade, profession, or particular kind of work <u>Household</u> (b) General nature of industry, business, or establishment in which employed (or employer)..... (c) Name of employer		

9. BIRTHPLACE (CITY OR TOWN) Unknown
 (STATE OR COUNTRY) Canada

PARENTS	10. NAME OF FATHER <u>Alexander Quick</u>
	11. BIRTHPLACE OF FATHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Canada</u>
	12. MAIDEN NAME OF MOTHER <u>Bettie Stewart</u>
	13. BIRTHPLACE OF MOTHER (CITY OR TOWN) <u>Unknown</u> (STATE OR COUNTRY) <u>Scotland</u>

14. INFORMANT Alex Morey
 (Address) 2224 South 10 Street

15. FILED 12/8 27 John G. Utz
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) December 6 19 27
 17. I HEREBY CERTIFY, That I attended deceased from Nov 30 1927, to Dec 6 1927, and that I last saw h. 91 alive on Dec 6 1927, and that death occurred, on the date stated above, at 9/30 pm

THE CAUSE OF DEATH* WAS AS FOLLOWS:
10 8
16 20 Lobar Pneumonia
10/10 (duration) yrs. mos. 7 ds.
 CONTRIBUTORY Directly from embolism
 (SECONDARY) 7 carotid arteries
swamp (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH.....
 DID AN OPERATION PRECEDE DEATH..... No DATE OF.....
 WAS THERE AN AUTOPSY..... No
 WHAT TEST CONFIRMED DIAGNOSIS..... Clinical
 (Signed) H. A. Robertson, M. D.
Dec. 7. 1927 (Address) St. Joseph 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 King Hill Cemetery DATE OF BURIAL Dec. 9. 1927.

20. UNDERTAKER H. R. Sidenfader ADDRESS 1802 Union Str.

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.

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