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.

JAN 17 1928

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

Do not use this space.

36150

1. PLACE OF DEATH
County Calloway — Registration District No. 104 — File No.
Township — Primary Registration District No. 3008 — Registered No. 235
City Fulton (No. State Hosp. St. Ward)

2. FULL NAME Anna May Morris
(a) Residence. No. Morgan Co - Mo St., Ward.
(Usual place of abode) (If nonresident give city or town and State)
Length of residence in city or town where death occurred 0 yrs. 5 mos. 18 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female
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 No information

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 16 - 1870

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
57	2	16	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House wife
(b) General nature of industry, business, or establishment in which employed (or employer) —
(c) Name of employer —

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

PARENTS
10. NAME OF FATHER L. C. Twitchell
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) No information
12. MAIDEN NAME OF MOTHER Pendell
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Va

14. INFORMANT State hospital records
(Address) Fulton Mo

15. FILED Dec 3 1927 R. N. Crews REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec - 2 - 1927

17. I HEREBY CERTIFY, That I attended deceased from Aug - 10 - 1927, to Dec - 2 - 1927 that I last saw her alive on Dec - 2 - 1927, and that death occurred, on the date stated above, at 1:25 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Chronic Myocarditis
93C (Exhaustion from prolon-
84 gued active mania)
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Acute Mania (manic
depressive psych) (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
0 DID AN OPERATION PRECEDE DEATH? No DATE OF —
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical
(Signed) T. R. Frazer, M. D
12/2, 1927 (Address) Fulton 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 Versales Mo. — DATE OF BURIAL 12/4 1927

20. UNDERTAKER Herndon Taylor — ADDRESS Fulton Mo.