

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

Do not use this space.

36534

1. PLACE OF DEATH

County Greene

Registration District No. 318

Township Springfield

Primary Registration District No. 2001

City Springfield (No. 1505 N. Missouri)

File No.

Registered No. 754

St. Missouri Ward

2. FULL NAME

Bertha J. Morris

(a) Residence. No. 1505 N. Missouri

(Usual place of abode)

Ward.

(If nonresident give city or town and State)

Length of residence in city or town where death occurred

Yrs.

mos.

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

Eugene H. Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR)

Nov 29 - 1888

7. AGE

39

YEARS

0

MONTHS

11

DAYS

IF LESS than 1 day, \_\_\_\_\_ hrs. or \_\_\_\_\_ min.

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)

Iowa

(STATE OR COUNTRY)

10. NAME OF FATHER

Chas. H. Garrett

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

N. Y.

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

Emma C. Blake

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

Louis

(STATE OR COUNTRY)

14. INFORMANT

Mr. Emma Garrett

(Address) Springfield, Mo.

15. FILED

12/12/27 Oct 27 1927

REGISTRAR

MEDICAL CERTIFICATE OF DEATH

2

16. DATE OF DEATH (MONTH, DAY AND YEAR)

12-10-1927

17.

I HEREBY CERTIFY, That I attended deceased from Dec. 1, 1927, to Dec 10, 1927 that I last saw her alive on Dec 10, 1927, and that death occurred, on the date stated above, at 10 4 m.

THE CAUSE OF DEATH\* WAS AS FOLLOWS:

Ch. Myocarditis  
Ch. nephritis 12.1  
776

(duration) 1 yrs. 1 mos. 1 ds.

CONTRIBUTOR (SECONDARY)

1290

(duration) 1 yrs. 1 mos. 1 ds.

18. WHERE WAS DISEASE CONTRACTED

8 IF NOT AT PLACE OF DEATH

DID AN OPERATION PRECEDE DEATH? DATE OF

WAS THERE AN AUTOPSY?

WHAT TEST CONFIRMED DIAGNOSIS?

(Signed) Ch. E. Zeller, M. D.

\*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

DATE OF BURIAL

Green Lawn Cemetery

Dec 12, 1927

20. UNDERTAKER

The Ringler Co., 424  
Springfield, Mo.

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.

STATEMENT RECORD

1927

