

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

Do not use this space.

1928

1. PLACE OF DEATH
 County Tenn Registration District No. D. Altonhoff 0318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. 6333 Kansas Ave) St. _____ Ward _____

2. FULL NAME Edna Arnold Morris
 (a) Residence. No. 6333 Kansas Ave St. _____ Ward _____
 (Usual place of abode)
 Length of residence in city or town where death occurred 7 yrs. mos. da. How long in U.S., if of foreign birth? yrs. mos. da.

4591
 File No. _____
 Registered No. 90

PERSONAL AND STATISTICAL PARTICULARS

3. SEX female 4. COLOR OR RACE w 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Edward Morris

6. DATE OF BIRTH (MONTH, DAY AND YEAR) April 13 - 1899

7. AGE YEARS 28 MONTHS 9 DAYS 16 If LESS than 1 day, ____ hrs. or ____ min.

8. OCCUPATION OF DECEASED
 (a) Trade, profession, or particular kind of work Housewife
 (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) Tenn.

10. NAME OF FATHER W. Arnold

11. BIRTHPLACE OF FATHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Tenn.

12. MAIDEN NAME OF MOTHER Edna Carriss

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) _____ (STATE OR COUNTRY) Mo.

14. INFORMANT Edward Morris
 (Address) 6333 Kansas Ave

15. FILED 2/2 28 Oct 28 1928 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 2 - 1 - 1928

17. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to 2 - 1 - 1928, that I last saw him alive on _____, 19____, and that death occurred, on the date stated above, at _____ m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Pulmonary Tuberculosis
23A

CONTRIBUTORY (SECONDARY) 31 (duration) 1 yrs. mos. da.

18. WHERE WAS DISEASE CONTRACTED
 IF NOT AT PLACE OF DEATH: _____
 DID AN OPERATION PRECEDE DEATH: _____ DATE OF _____
 WAS THERE AN AUTOPSY? no
 WHAT TEST CONFIRMED DIAGNOSIS: _____
 (Signed) Oliver A. George, M.D.
11 - 1928 (Address) Springfield Mo.

*State the DISEASE CAUSING DEATH or in death from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL East Lawn CEMETERY DATE OF BURIAL 2 - 2 1928

20. UNDERTAKER W. H. Harter ADDRESS Springfield

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.

