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.

1928

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

Do not use this space.

9716

1. PLACE OF DEATH
County Livingston — Registration District No. 5B — File No.
Township Green — Primary Registration District No. 0682 — Registered No. 3
City ..... (No. ..... St. ..... Ward)

2. FULL NAME Beulah May Morris
(a) Residence. No. ..... St., ... Ward. .....
(Usual place of abode) (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): Single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 1 1911

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
16	7	23	

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

9. BIRTHPLACE (CITY OR TOWN) Utica
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Frank Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) Grundy Co Mo
12. MAIDEN NAME OF MOTHER Ruth Batson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Gandy
(STATE OR COUNTRY) Neb

14. INFORMANT Frank Morris
(Address) Utica Mo

15. FILED Mar 25 1928 Anna L Carpenter REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Mar 24 1928

17. I HEREBY CERTIFY, That I attended deceased from Mar 1, 1928, to Mar 24, 1928, that I last saw her alive on March 23, 1928, and that death occurred, on the date stated above, at 3 05 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Broncho Pneumonia
Secondary to influenza
11 [illegible]
[illegible] (duration) ..... yrs. ..... mos. 24 ds.

CONTRIBUTORY (SECONDARY) [illegible] (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) G W Carpenter, M. D
Mar 25, 1928 (Address) Utica 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: Utica Cem — DATE OF BURIAL: Mar 25 1928

20. UNDERTAKER: F B Norman — ADDRESS: Chillicothe Mo