2 1928

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

Do not use this space.

22889a

1. PLACE OF DEATH

County Audrain Registration District No. 24 File No.

Township Prairie Primary Registration District No. 5033 Registered No.

City ..... (No. ..... St. ..... Ward)

2. FULL NAME Mrs. Callie Morris Black

(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	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (*write* the word)
Female	White	Widowed

5A. IF MARRIED, WIDOWED, ~~OR DIVORCED~~ ~~HUSBAND~~ (OR) WIFE OF Theadore Black

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Nov-9-1863

7. AGE Years	Months	Days	If LESS than 1 day, ... hrs. or ..... min.
64	7	24	

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) Ky
(STATE OR COUNTRY)

PARENTS

10. NAME OF FATHER H.F.Morris

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

12. MAIDEN NAME OF MOTHER Nannie Domigan

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

14. INFORMANT Miss. Iva Morris
(Address) Laddonia Mo.

15. FILED 7-4- 1928 W.K.McCall
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) July-3- 1928

17. I HEREBY CERTIFY, That I attended deceased from July-3- 1928, to July-3 1928 that I last saw h er alive on July-3- 1928, and that death occurred, on the date stated above, at 4-P-m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Uremic Convulsions

1896 (duration) I2-Hrs yrs. mos. ds.

CONTRIBUTORY (SECONDARY) Brights Disease of Kidneys

1374 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH? Place of Death

DID AN OPERATION PRECEDE DEATH? No DATE OF .....

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Urinalysis

(Signed) W.K.McCall, M. D

7-4- 1928 (Address) Laddonia 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	DATE OF BURIAL
Mexico Mo.	7-5- 1928
20. UNDERTAKER	ADDRESS
H.G.Grainger	Laddonia

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.