

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

Do not use this space.

1. PLACE OF DEATH

County Lawrence
 Township Bred Oak
 City (No. _____) _____

Registration District No. 1057
 Primary Registration District No. 3551

File No. 27781
 Registered No. 11
 St. _____ Ward _____

2. FULL NAME

Imogene 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. da. How long in U.S., if of foreign birth? yrs. mos. da.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX F. 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word)

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug-6-1928

7. AGE YEARS MONTHS DAYS If LESS than 1 day, ____ hrs. ____ min.
8

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work _____
 (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) Lawrence Co

10. NAME OF FATHER

Russell Morris

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY) Lawrence Co Mo

12. MAIDEN NAME OF MOTHER

Naoma Ross

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY) Lawrence Co Mo

14.

INFORMANT Mrs Carl Morris
 (Address)

15.

FILED Aug 14, 1928 Mrs J. P. Arthur
 REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Aug 13th 1928

17. I HEREBY CERTIFY That I attended deceased from Aug 3, 1928, to Aug 13, 1928 that I last saw her alive on Aug 13, 1928, and that death occurred, on the date stated above, at 10:30 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Constitutional weakness,
failure to take nourishment
15 (duration) yrs. mos. 7 da.

CONTRIBUTORY (SECONDARY)

160 (duration) yrs. mos. da.

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? Symptoms

(Signed) L. J. Hopkins, M. D.

, 19 (Address) Miller 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

Bred Oak DATE OF BURIAL 8-14 1928

20. UNDERTAKER

J. W. Morris ADDRESS Miller 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.

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