

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

Do not use this space.

31325

**1. PLACE OF DEATH**

County Pike  
Township Quinn  
City Bowling Green (No. \_\_\_\_\_)

Registration District No. 684  
Primary Registration District No. 4408

File No. \_\_\_\_\_  
Registered No. 35  
St. \_\_\_\_\_ Ward \_\_\_\_\_

**2. FULL NAME**

Amie L. 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**

**MEDICAL CERTIFICATE OF DEATH**

**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**

J. W. Morris

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

May 20 - 1960

**7. AGE**

YEARS 68

MONTHS 4

DAYS X

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)**

Lincoln Co.

(STATE OR COUNTRY)

Mo.

**10. NAME OF FATHER**

Low Hammett

**11. BIRTHPLACE OF FATHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Virginia

**12. MAIDEN NAME OF MOTHER**

Elizabeth Johnson

**13. BIRTHPLACE OF MOTHER (CITY OR TOWN)**

(STATE OR COUNTRY)

Virginia

**14.**

INFORMANT (Address)

Miss Bertha Morris  
Bowling Green, Mo

**15.**

FILED

10/10/28 W. J. Summerhays

REGISTRAR

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

9-20-1928

**17. I HEREBY CERTIFY, That I attended deceased from \_\_\_\_\_, 1928, to \_\_\_\_\_, 1928, that I last saw him alive on \_\_\_\_\_, 1928, and that death occurred, on the date stated above, at \_\_\_\_\_.**

**THE CAUSE OF DEATH WAS AS FOLLOWS:**

ISC Depression

(duration) yrs. mos. da. 27

**CONTRIBUTORY (SECONDARY)**

Interst. of liver  
Same time (duration) yrs. mos. da. 27

**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) J. H. McLaughlin, M. D.

, 19 (Address) Bowling Green 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**

Bowling Green Cemetery

9-23-1928

**20. UNDERTAKER**

ADDRESS Bowling Green Mo

Grace Bankhead

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.

