OV 21 1928

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

Do not use this space.

33206

1. PLACE OF DEATH
County Dunklin Registration District No. 288
Township Independence Primary Registration District No. 4577
City (No. 5 St. Ward)

File No.
Registered No.

2. FULL NAME Martha Earline 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 F
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) June 18th 1928

7. AGE

YEARS	MONTHS	DAYS	If LESS than 1 day, hrs. or min.
	3	20	

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) Kennett
(STATE OR COUNTRY) Mo

PARENTS
10. NAME OF FATHER Silas Morris
11. BIRTHPLACE OF FATHER (CITY OR TOWN) Kennett
(STATE OR COUNTRY) Mo
12. MAIDEN NAME OF MOTHER Virsie Goble
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Dent
(STATE OR COUNTRY) Knox

14. INFORMANT Silas Morris
(Address) Kennett, Mo

15. FILED 10/10, 1928 E. L. Spence, M.D. REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 8th 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 25, 1928, to Oct 8, 1928 that I last saw her alive on Sept 27, 1928, and that death occurred, on the date stated above, at 9:45 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Inanition fever
158
bottle fed
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) 160
(duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH?
DID AN OPERATION PRECEDE DEATH? DATE OF
WAS THERE AN AUTOPSY?
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) W. W. Bressell, M.D.
, 19 (Address) Kennett 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 Schumach
DATE OF BURIAL 10/9 1928

20. UNDERTAKER Baldwin Furnell
ADDRESS Kennett Mo

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

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.