

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

Do not use this space.

35302

1. PLACE OF DEATH
 County Greene Registration District No. 318
 Township _____ Primary Registration District No. 2001
 City Springfield (No. _____) _____ (Ward)
 St. _____ (Ward)

2. FULL NAME Alberta Morley
 (a) Residence No. 717 6 mi Daniel 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 Colored 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Oct 18 - 1909

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
19 | 0 | 3 | _____

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) Gen'l Housewifery
 (c) Name of employer _____

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

10. NAME OF FATHER Arthur Johnson

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

12. MAIDEN NAME OF MOTHER Georgia Stephenson

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

PARENTS

14. INFORMANT Dale Price
 (Address) 8108 mi Daniel

15. FILED 10-27-28 O. H. Daniel REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct 21 1928

17. I HEREBY CERTIFY, That I attended deceased from Sept 26, 1928, to Oct 21, 1928, that I last saw him alive on Oct 15, 1928, and that death occurred, on the date stated above, at 7:45 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Malaria and acute inflammation of the bowels.

(duration) _____ yrs. _____ mos. _____ ds.

CONTRIBUTORY (SECONDARY) _____ (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. H. Evans, M. D.
Oct 22, 1928 (Address) SPRINGFIELD, 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 Greenfield Mo DATE OF BURIAL Oct 23 1928

20. UNDERTAKER Harrison Undertaking ADDRESS Greenfield 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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