

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

Do not use this space.

41687

JAN 24 1929

1. PLACE OF DEATH

County Mason Registration District No. 547
 Township Mason Primary Registration District No. 3079
 City Hannibal (No. 1259 Broadway) St. 6 (Ward)

File No. _____
 Registered No. 354
 St. 6 (Ward)

2. FULL NAME

Ethel Mae Morton
 (a) Residence. No. 1259 Broadway St. 6 Ward. _____
 (Usual place of abode) (If nonresident give city and State)
 Length of residence in city or town where death occurred 24 yrs. _____ mos. _____ ds. How long in U.S., if of foreign birth? yrs. _____ mos. _____ ds.

PERSONAL AND STATISTICAL PARTICULARS

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) May 11 - 1880

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, _____ hrs. or _____ min.
48 | 7 | 16

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) (STATE OR COUNTRY) New Canton Ill

10. NAME OF FATHER William Goodwin

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Kanawha Co. Ill.

12. MAIDEN NAME OF MOTHER Martha Appenhaus

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) New Canton Ill

14. INFORMANT Violet Snow (Address) Hannibal Mo.

15. FILED 1/29/28 C. Stode REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Dec. 27 - 1928

17. I HEREBY CERTIFY That I attended deceased from Dec 21st 1928, to Dec 27th 1928 that I last saw h. alive on Dec 27th 1928, and that death occurred, on the date stated above, at 7:15 P.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Influenza
107-A (duration) _____ yrs. _____ mos. 10 ds.
 CONTRIBUTORY Branch pneumonia (SECONDARY) (duration) _____ yrs. _____ mos. 2 ds.

18. WHERE WAS DISEASE CONTRACTED HA
 IF NOT AT PLACE OF DEATH _____

DID AN OPERATION PRECEDE DEATH? _____ DATE OF _____

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Examination
 (Signed) Virginia B. Goodrich, M.D.

1228, 1928 (Address) Hannibal 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 W. Olivet Cemetery DATE OF BURIAL 12/30 - 1928

20. UNDERTAKER Schwartz Funeral Home ADDRESS Hannibal 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.

