JAN 25 1929

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

Do not use this space.

41845

1. PLACE OF DEATH

County: Newton — Registration District No.: 609 — File No.: 127

Township: — Primary Registration District No.: 4363 — Registered No.:

City: Neosho (No. 116 West McCord St. St. Ward)

2. FULL NAME: Martha Evalyne Morrison

(a) Residence. No. 116 West McCord St., Ward.
(Usual place of abode) (If nonresident give city or town and State)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF: S. C. Morrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): August 20, 1857

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	71	2	25	

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): Unknown
(STATE OR COUNTRY): Missouri

PARENTS

10. NAME OF FATHER: George W, Downing
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio
12. MAIDEN NAME OF MOTHER: Elizabeth Pearson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Unknown
(STATE OR COUNTRY): Ohio

14. INFORMANT: Mrs. Ruth M. Edmondson
(Address): Branson Mo.

15. FILED 12-17 1928 C. E. Maness, Registrar

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 12-15-1928

17. I HEREBY CERTIFY, That I attended deceased from Nov 1, 1928, to Dec 15, 1928, that I last saw her alive on Dec 15, 1928, and that death occurred, on the date stated above, at 11 a.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Asthma — Heart
Together with Emphysema
(duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY): Pneumonia
(duration) yrs. mos. ds.

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?
(Signed) D. E. Cuellers, M. D.
12-17, 1928 (Address) Neosho, 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 [redacted] OR REMOVAL: Lexington Mo. — DATE OF BURIAL: 12-19-28

20. UNDERTAKER: J. C. Thompson — ADDRESS: Neosho

NOTE: 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.