96

MAY 2 1929

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

Do not use this space.

12097

1. PLACE OF DEATH

County: St Louis — Registration District No.: 784 — File No.:

Township: St Ferdinand — Primary Registration District No.: 6020 — Registered No.:

City: (No. 40 Diamond Drive St. Ward)

2. FULL NAME: Mabel A. Morrison

(a) Residence. No. 40 Diamond Dr. St., Ward. (If nonresident give city or town and State)
(Usual place of abode)

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: 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: Lester H Morrison

6. DATE OF BIRTH (MONTH, DAY AND YEAR): Feb. 5, 1893

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
36	1	19	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work: 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): Ind.

PARENTS

10. NAME OF FATHER: C. Abercrombie

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY): Ind

12. MAIDEN NAME OF MOTHER: Nettie Martin

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY): Ind

14. INFORMANT: Mr L H Morrison
(Address) 40 Diamond Drive

15. FILED 3-25, 1929 O V Schuck REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): Mar 24 1929

17. I HEREBY CERTIFY, That I attended deceased from March 18, 1929, to March 24, 1929, that I last saw h. alive on March 23, 1929, and that death occurred, on the date stated above, at 8 PM m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Pneumonia, Lobar, 108 (duration) yrs. mos. 6 ds.

CONTRIBUTORY (SECONDARY) O/N (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? no

WHAT TEST CONFIRMED DIAGNOSIS? Physical findings

(Signed) F. Steelmann, M. D.

3-25, 1929 (Address) 8321 Ko Broadway

*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: St Peters Cemetery — DATE OF BURIAL: Mar 26 1929

20. UNDERTAKER: Drehmann Laval — ADDRESS: 1905 Union

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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8551 Concr. [illegible] " 4890
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