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

Do not use this space.

13797

1. PLACE OF DEATH
County: Barton
Township: Richland
City: ..... (No. ..... St. ..... Ward)

Registration District No. 1004
Primary Registration District No. 5059

File No. .....
Registered No. .....

2. FULL NAME: Esther Ann Morain

(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: W
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): 3-23-1929

7. AGE: Years | Months | Days: 15 | If LESS than 1 day, ... hrs. or ..... min.

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): Barton County
(STATE OR COUNTRY): Missouri

PARENTS
10. NAME OF FATHER: Theo. Morain
11. BIRTHPLACE OF FATHER (CITY OR TOWN): Nashville
(STATE OR COUNTRY): Mo.
12. MAIDEN NAME OF MOTHER: Dorothy Webb
13. BIRTHPLACE OF MOTHER (CITY OR TOWN): Webb City
(STATE OR COUNTRY): Mo.

14. INFORMANT: Theo. Morain
(Address): Lamar, Mo.

15. FILED 5/10, 1929 Thelma Orahood
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR): 4-7 1929

17. I HEREBY CERTIFY, That I attended deceased from April 3, 1929, to April 3, 1929 that I last saw h. ..... alive on April 3, 1929, and that death occurred, on the date stated above, at ..... m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Epilepsy
(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) J. H. Duckett, M. D.
4-8, 1929 (Address) Lamar, 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: Nashville Cemetery
DATE OF BURIAL: 4-9 1929

20. UNDERTAKER: C. F. Konantz
ADDRESS: Lamar

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.

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