

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

Do not use this space.
36132
~~25058~~

1. PLACE OF DEATH

County Vernon Registration District No. 875 File No. _____
 Township Washington Primary Registration District No. 6162 Registered No. 271
 City Nevada (No. _____) St. _____ Ward _____

2. FULL NAME

Lena Morple
 (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 2 yrs. _____ mos. _____ da. How long in U.S., if of foreign birth? yrs. _____ mos. _____ da.

PERSONAL AND STATISTICAL PARTICULARS

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

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Jack Morple

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Aug 30 1890

7. AGE YEARS MONTHS DAYS If LESS than 1 day, _____ hrs. or _____ min.
39 1 23

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Nurse
 (b) General nature of industry, business, or establishment in which employed (or employer) Nursing Sick
 (c) Name of employer St. Joseph's Hospital

9. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) St. Joe, Mo., Missouri

10. NAME OF FATHER George Reed

11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) D.C. Scotland Co Mo

12. MAIDEN NAME OF MOTHER Eddie Williams

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) D.C. Ohio

14. INFORMANT (Address) Charley Grow, Stratton Mo

15. FILED 11-5-29 E. P. King REGISTRAR

MEDICAL CERTIFICATE OF DEATH

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 16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 22, 1929

17. I HEREBY CERTIFY That I attended deceased from Oct 21, 1929 to Oct 21, 1929 that I last saw him alive on Oct 21, 1929, and that death occurred, on the date stated above, at 1:50 A.M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Acute septic peritonitis
140
12.9 (duration) yrs. _____ mos. 3 da.

CONTRIBUTORY (SECONDARY) Septic abortion
 (duration) yrs. _____ mos. 5 da.

18. WHERE WAS DISEASE CONTRACTED? Not at place of death

DID AN OPERATION PRECEDE DEATH? No DATE OF _____
 WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? CR King (Signed) _____ M. D.
0-22, 1929 (Address) Nevada, 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 Balletown Cemet. DATE OF BURIAL 10/23/1929

20. UNDERTAKER Henry Tengel Home Nevada

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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