

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

Do not use this space.

12084

1. PLACE OF DEATH

County Cole Registration District No. 213

Township Jefferson Primary Registration District No. 307

City Boonville (No. _____) St. _____ Ward _____

File No. 117

Registered No. _____

2. FULL NAME

(a) Residence. No. _____ St. _____ Ward _____

(Usual place of abode)

Bagnell Mo
(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. 5 ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Male</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Mrs. Eg Morris</u>		
6. DATE OF BIRTH (MONTH, DAY AND YEAR) <u>Sept 11 - 1888</u>		
7. AGE YEARS <u>41</u>	MONTHS <u>7</u>	DAYS <u>17</u>
7. IF LESS than 1 day, _____ hrs. or _____ min.		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work. Housewife
(b) General nature of industry, business, or establishment in which employed (or employer). At home
(c) Name of employer. E. St. Louis

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY)

St. Louis Mo

PARENTS

10. NAME OF FATHER

11. BIRTHPLACE OF FATHER (CITY OR TOWN)

(STATE OR COUNTRY)

12. MAIDEN NAME OF MOTHER

13. BIRTHPLACE OF MOTHER (CITY OR TOWN)

(STATE OR COUNTRY)

14. INFORMANT

(Address)

15. FILED

5/12/1930

L. V. Beford
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 4-28-30 19

17. I HEREBY CERTIFY, That I attended deceased from 4-1-30 19, to 4-28-30 19, that I last saw her alive on 4-28-30 19, and that death occurred, on the date stated above, at 5¹⁵ am m.

THE CAUSE OF DEATH WAS AS FOLLOWS:

General Peritonitis
145A
17946 (duration) yrs. mos. 4 ds.
CONTRIBUTORY (SECONDARY) Pyrexial infection (duration) yrs. 1 mos. 20 ds.

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH Bagnell Mo

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr. 28, 1930

WAS THERE AN AUTOPSY? Yes

WHAT TEST CONFIRMED DIAGNOSIS? Clinical

(Signed) H. C. Stume M. D.

, 19 (Address) Bagnell, Mo.

*State the DISEASE CAUSING DEATH, or in depths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL

19. PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

East St. Louis May 1 30

20. UNDERTAKER

ADDRESS

Lawson & Tanner Je Mo

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

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.

MAY 23 1930

