JUN 26

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

Do not use this space.

16575

File No. .....

Registered No. 9

1. PLACE OF DEATH

County Lewis

Township Wyaconda

City Knox City ..... St. ..... Ward)

Registration District No. 444

Primary Registration District No. 4262

2. FULL NAME Gladys Dorie Morrow

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

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb. 24 1908

7. AGE Years	Months	Days	If LESS than 1 day, ...hrs. or ....min.
22	2	12	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work House maid
(b) General nature of industry, business, or establishment in which employed (or employer) .....
(c) Name of employer .....

9. BIRTHPLACE (CITY OR TOWN) Lewis Co
(STATE OR COUNTRY) Mo

PARENTS

10. NAME OF FATHER Born out of wedlock

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

12. MAIDEN NAME OF MOTHER Elsie Morrow

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Lewis Co
(STATE OR COUNTRY) Mo.

14. INFORMANT Elsie Baily
(Address) Knox City Mo

15. FILED May 8 1930 J R Northcutt
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 6 1930

17. I HEREBY CERTIFY, That I attended deceased from May 3, 1930, to May 6, 1930, that I last saw her alive on May 6, 1930, and that death occurred, on the date stated above, at 7:30 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Encephalitis following measles

7 days (duration) ..... yrs. ..... mos. 9 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) Alfred McReynolds, M. D.
5/8, 1930 (Address) Knox City 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	DATE OF BURIAL
Deer Ridge Cem	May 8 1930
20. UNDERTAKER	**ADDRESS**
Mrs. Mae Geiger	Knox City Mo

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.