

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

Do not use this space.

SEP 25 1930

27308

1. PLACE OF DEATH

County Marion Registration District No. 547
 Township Marion Primary Registration District No. 579
 City Hannibal (No. 879) Revering Hospital St. 6 Ward

File No. 27308
 Registered No. 225
 St. 6 Ward

2. FULL NAME

Mildred L. Morrison

(a) Residence. No. 514 Sycamore St. 4 Ward. (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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Sept. 27, 1906

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, _____ hrs. or _____ min.
<u>23</u>	<u>10</u>	<u>27</u>		

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work House Wife
 (b) General nature of industry, business, or establishment in which employed (or employer) _____
 (c) Name of employer _____

9. BIRTHPLACE (CITY OR TOWN) Illaco, Mo
 (STATE OR COUNTRY)

10. NAME OF FATHER Nelson Brown

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

12. MAIDEN NAME OF MOTHER Lulu Schneider

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

14. INFORMANT Mrs. Nelson Brown
 (Address) Illaco, Mo

15. Aug 27 1930 C. Cassin
 (Date) (Signature) REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 8-24-1930

17. I HEREBY CERTIFY, That I attended deceased from July 20, 1930, to Aug 24, 1930, that I last saw her alive on Aug 24, 1930, and that death occurred, on the date stated above, at 2:45 p. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

140
36
Miscarriage
 (duration) yrs. mos. ds.

CONTRIBUTORY (SECONDARY) General Septicemia

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF BIRTH. Illaco, Mo
 DID AN OPERATION PRECEDE DEATH? yes DATE OF Aug 13-1930

WAS THERE AN AUTOPSY? yes
 WHAT TEST CONFIRMED DIAGNOSIS Clinical Med. Laboratory
 (Signed) E. P. Motley, M. D.
 , 19 (Address) Hannibal, 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

Mt Oliv' Cemetery 8-26-1930

20. UNDERTAKER James O'Donnell ADDRESS Hannibal, 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.

