OCT 28 1930

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

Do not use this space.

32503

1. PLACE OF DEATH
County...Dekalb... Registration District No....258...
Township...Washington... Primary Registration District No....536½A...
City...Clarksdale... (No...... St...... Ward)

File No.......
Registered No....8...

2. FULL NAME...Orena Grace Morton...

(a) Residence. No...... St..., ... 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			MEDICAL CERTIFICATE OF DEATH

3. SEX Female | **4. COLOR OR RACE** White | **5. SINGLE, MARRIED, WIDOWED OR DIVORCED** (write the word) Married

16. DATE OF DEATH (MONTH, DAY AND YEAR) Oct. 9-1930 19

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

17. I HEREBY CERTIFY, That I attended deceased from 10/5/30, 19..., to 10/9/30, 19...
that I last saw h.er.. alive on 10/9/30, 19..., and that death occurred, on the date stated above, at 5 p. m.

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Jan. 10, 1904

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Lobar Pneumonia
Both lower lobes

7. AGE YEARS 26 | MONTHS 9 | DAYS 5 | IF LESS THAN 1 day, ...hrs. or ...min.

LLB
LO (duration) ...yrs. ...mos. 4 ds.

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)......
(c) Name of employer......

CONTRIBUTORY (SECONDARY) Toxic Goitre, Operated
(duration) ...yrs. ...mos. ...ds.

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

18. WHERE WAS DISEASE CONTRACTED IF NOT AT PLACE OF DEATH? Not recent
DID AN OPERATION PRECEDE DEATH? DATE OF...
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS? Clinical

10. NAME OF FATHER Wm G. Foreman
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Gower, MO
12. MAIDEN NAME OF MOTHER Mary L. Richardson
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Marion Center, Kan.

(Signed) O. L. Perkins, M. D.
10/11, 19 30 (Address) Clarksdale, 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.

14. INFORMANT Mary L. Foreman,
(Address) St. Joseph, Mo.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Clarksdale Cemetery | **DATE OF BURIAL** 1/10 19 30

15. FILED 10, 1930 C M Davis REGISTRAR

20. UNDERTAKER C M Davis
ADDRESS