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

Do not use this space. 12847

MAR 27 1931

1. PLACE OF DEATH
County Scott — Registration District No. 801 — File No. 29
Township Richland — Primary Registration District No. 6070 — Registered No.
City ~~Sikeston~~ (No. ..... St. ..... Ward)

2. FULL NAME MRS. ORLENA MORRIS
(a) Residence. No. Kathaleen Ave St., 4 Ward.
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred 45 yrs. 6 mos. 2 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	Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Dec.15,1862

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
68	2	17	

8. OCCUPATION OF DECEASED
(a) Trade, profession, or particular kind of work Housewife 235
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Indiana
(STATE OR COUNTRY)

PARENTS
10. NAME OF FATHER Sam Lankford
11. BIRTHPLACE OF FATHER (CITY OR TOWN)
(STATE OR COUNTRY) Indiana
12. MAIDEN NAME OF MOTHER Elizabeth A. Lankford
13. BIRTHPLACE OF MOTHER (CITY OR TOWN)
(STATE OR COUNTRY) Ohio

14. INFORMANT Mrs. Reva Hayes
(Address) Sikeston, Mo.

15. FILED 3/10/31 Walter E. Dennis REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) March 2,1931

17. I HEREBY CERTIFY, That I attended deceased from Feb. 20, 1931, to March 1, 1931 that I last saw her alive on March 1, 1931 and that death occurred, on the date stated above, at 9:30 A m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Cerebral Hemmorhage, Apoplexy.
82 R
102 (duration) yrs. mos. 5 ds.

CONTRIBUTORY (SECONDARY) High Blood Pressure
(duration) 1 yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED?
IF NOT AT PLACE OF DEATH
DID AN OPERATION PRECEDE DEATH? No DATE OF
WAS THERE AN AUTOPSY? No
WHAT TEST CONFIRMED DIAGNOSIS?
(Signed) [signature] M. D. O
(Address) Sikeston, Missouri.

*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 City Cemetery, Sikeston?mO/ — DATE OF BURIAL Mar. 4, 1931

20. UNDERTAKER John Albritton, Sikeston, Mo. — ADDRESS

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.

WHITE PLANET, WITH UNFADING INK—THIS IS A PERMANENT RECORD