

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

Do not use this space.

16561

1. PLACE OF DEATH

County.....
Township.....
City St. Louis

Registration District No. 791
Primary Registration District No. 1003

File No.....
Registered No. 5084
St..... Ward)

2. FULL NAME Fannie W. Morris

(a) Residence. 6063 Westminster St., 5 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 Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY AND YEAR) June 22, 1881

7. AGE YEARS MONTHS DAYS IF LESS than 1 day, hrs. or min.
49 10 4

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). at Home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Danville
(STATE OR COUNTRY) Ill.

10. NAME OF FATHER William G. Washington

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

12. MAIDEN NAME OF MOTHER Louisa Hoscker

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

14. INFORMANT Robert G. Morris
(Address) 6063 Westminster

15. FILED 28 1931 Mar 28 1931
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

3 16. DATE OF DEATH (MONTH, DAY AND YEAR) April 26 1931
17. I HEREBY CERTIFY, That I attended deceased from Nov 8 1921 to Apr 26 1931
that I last saw her alive on April 26 1931, and that death occurred, on the date stated above, at 9:30 P. m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Post. Operative Following Hysterectomy
Artemia for Fibroid Tumor of
Uterus Benign
5480 (duration) yrs. mos. 2 ds.
CONTRIBUTORY (SECONDARY) 137C
1931 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED St Louis MO
IF NOT AT PLACE OF DEATH.

1 DID AN OPERATION PRECEDE DEATH? Yes DATE OF Apr 24-1931

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS? Physical Exam Pathology
(Signed) J Curtis M.D.
(Address) 525 Junco Blvd St Louis 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 Oak Grove Cemetery DATE OF BURIAL Apr. 29 1931

20. UNDERTAKER Shepard Funeral Home ADDRESS 1167-69 Hamilton Ave.

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.

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