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.

MAY 24 1931

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

Do not use this space.

1. PLACE OF DEATH
County ADAIR — Registration District No. 4 — File No. 16993
Township Benton — Primary Registration District No. 3001 — Registered No. 98
City KIRKSVILL MO (No. ..... St. ..... Ward)

2. FULL NAME EDITH MORROW
(a) Residence. No. R R KIRKSVILLE MO 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 SINGLE

6. DATE OF BIRTH (MONTH, DAY AND YEAR) MAY 11th 1912

7. AGE YEARS	MONTHS	DAYS	If LESS than 1 day, ... hrs. or ..... min.
19	0	13	

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

9. BIRTHPLACE (CITY OR TOWN) .....
(STATE OR COUNTRY) KIRKSVILLE MO R R

PARENTS
10. NAME OF FATHER LELAND L MORROW
11. BIRTHPLACE OF FATHER (CITY OR TOWN) .....
(STATE OR COUNTRY) SULLIVAN CO MO
12. MAIDEN NAME OF MOTHER ~~XXXXXX~~ LORA MCINTAUSH
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) .....
(STATE OR COUNTRY) ADAIR CO

14. INFORMANT Leland L Morrow
(Address) KIRKSVILLE MO R R

15. FILED 5/31, 1931 C H Becker Deputy REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) May 25 1931

17. I HEREBY CERTIFY, That I attended deceased from May 17, 1931, to May 24, 1931 that I last saw her alive on May 24, 1931, and that death occurred, on the date stated above, at 1:45 p m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:
Diptheria
10 10 (duration) ..... yrs. ..... mos. 14 ds.
CONTRIBUTORY (SECONDARY) .....
..... (duration) ..... yrs. ..... mos. ..... ds.

18. WHERE WAS DISEASE CONTRACTED
IF NOT AT PLACE OF DEATH unknown
DID AN OPERATION PRECEDE DEATH? no DATE OF —
WAS THERE AN AUTOPSY? no
WHAT TEST CONFIRMED DIAGNOSIS? Microscopic
(Signed) W. J. Hutt Jr.
, 19 (Address) Kirksville 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 SALONE POINT — DATE OF BURIAL 5 26 1931

20. UNDERTAKER Davis & Wilson — ADDRESS Kirksville

1931- 5- 24
1912- 5- 11

19- 0 13