

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.

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

Do not use this space.

38570

1. PLACE OF DEATH

County Smith  
Township Smith  
City Smith (No. \_\_\_\_\_)

Registration District No. 669  
Primary Registration District No. HH01

File No. \_\_\_\_\_  
Registered No. 13 St. \_\_\_\_\_ Ward \_\_\_\_\_

2. FULL NAME

Emma Florence Morris

(a) Residence, No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(Usual place of abode)  
Length of residence in city or town where death occurred 5 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds. (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

|   |  |                               |  |
|---|--|-------------------------------|--|
| OCCUPATION  | 3. SEX <u>Female</u>   | 4. COLOR OR RACE <u>white</u> | 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>widowed</u> |
|   | 6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Aug 1 - 1859</u>  |                               |  |
|   | 7. AGE <u>72</u>   | YEARS <u>3</u>                | MONTHS <u>8</u>  |
|   | 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>housewife</u> |                               |  |
| FATHER  | 9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____                     |                               |  |
|   | 10. Date deceased last worked at this occupation (month and year) _____                                      |                               |  |
|   | 11. Total time (years) spent in this occupation _____  |                               |  |
|   | 12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>  |                               |  |
| MOTHER  | 13. NAME <u>Nathanial B. Smith</u>   |                               |  |
|   | 14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>State of Ohio</u>  |                               |  |
|   | 15. MAIDEN NAME <u>Harriet McCormick</u>   |                               |  |
|   | 16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Do not know</u>  |                               |  |
| 17. INFORMANT <u>Mrs A. P. Smith</u><br>(ADDRESS) <u>Highway 1, Mo</u>                  |  |                               |  |
| 18. BURIAL, CREMATION, OR REMOVAL<br>PLACE <u>Smith</u> DATE <u>Nov 14</u> 19 <u>31</u> |  |                               |  |
| 19. UNDERTAKER <u>A. F. Newman</u><br>(ADDRESS) <u>Smith</u>                            |  |                               |  |
| 20. FILED <u>Nov 22</u> 19 <u>31</u> <u>Mrs J. E. Monahan</u><br>Registrar              |  |                               |  |

MEDICAL CERTIFICATE OF DEATH

|   |
|---|
| 21. DATE OF DEATH (MONTH, DAY, AND YEAR) <u>Nov 9</u> 19 <u>31</u>  |
| 22. I HEREBY CERTIFY, That I attended deceased from <u>July 1</u> 19 <u>31</u> to <u>Nov 9</u> 19 <u>31</u><br>I last saw him alive on <u>May 9</u> 19 <u>31</u> . Death is said to have occurred on the date stated above, at <u>4 P.</u> m.<br>The principal cause of death and related causes of importance were as follows:<br><u>Cholecystitis</u><br><u>127B</u><br>Other contributory causes of importance: <u>127</u> |
| Name of operation _____ Date of _____<br>What test confirmed diagnosis? <u>By report</u> Was there an autopsy? <u>No</u>  |
| 23. If death was due to external causes (violence), fill in also the following:<br>Accident, suicide, or homicide? _____ Date of injury _____, 19____<br>Where did injury occur? _____ (Specify city or town, county, and State)<br>Specify whether injury occurred in industry, in home, or in public place. _____   |
| Manner of injury _____<br>Nature of injury _____  |
| 24. Was disease or injury in any way related to occupation of deceased? <u>No</u><br>If so, specify _____<br>(Signed) <u>E. H. H. H.</u> , M. D.<br>(Address) <u>Smith</u> <u>Mo</u>  |

