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.

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

Do not use this space.

39324

1. PLACE OF DEATH

County ..... Registration District No. 791 1003

Township ..... Primary Registration District No. .....

City ..... (No. ....., ... St. ..... Ward)

File No. .....

Registered No. 11511

2. FULL NAME Anna Morrison

(a) Residence, No. 3045 Clark Ave. St., 18 Ward.
(Usual place of abode)

Length of residence in city or town where death occurred 59 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

3. SEX: Female

4. COLOR OR RACE: Col

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF John Morrison

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) June 25-1862

7. AGE: Years 69 Months 4 Days 19 If LESS than 1 day, ... hrs. or ..... min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. .....

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. Housewife

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) Natchez Miss

FATHER

13. NAME John Miles

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss

MOTHER

15. MAIDEN NAME Margret McKinnon

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Natchez Miss

17. INFORMANT Mrs Rosie Morrison
(ADDRESS) 3045 Clark

18. BURIAL, CREMATION, OR REMOVAL
PLACE Washington Park DATE 11-18 1931

19. UNDERTAKER H. S. Wade Und. Co.
(ADDRESS) 4201 Finney Ave.

20. FILED NOV 17 1931 19 ..... Registrar.

MEDICAL CERTIFICATE OF DEATH

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21. DATE OF DEATH (MONTH, DAY, AND YEAR) 11-14-1931

22. I HEREBY CERTIFY, That I attended deceased from 11-12-1931 to 11-14-1931

I last saw her alive on 11-14-1931. Death is said to have occurred on the date stated above, at 12:30 p.m.

The principal cause of death and related causes of importance were as follows:

	Date of onset
Chronic Interstitial Nephritis	
131	
162	131

Other contributory causes of importance:

Age

Name of operation — Date of —

What test confirmed diagnosis? — Was there an autopsy? yes

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? ..... Date of injury ....., 19.....

Where did injury occur? .....
(Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury .....

Nature of injury .....

24. Was disease or injury in any way related to occupation of deceased? .....

If so, specify .....

(Signed) Dr Edward Bell, M. D.

(Address) 2901 S Jackson Ave