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

Do not use this space.

40482

File No.
Registered No. 41

1. PLACE OF DEATH

County: Cole
Registration District No. 214
Township: Moreau
Primary Registration District No.
City (No. , St. Ward)

2. FULL NAME Mary Rebecca Morrow

(a) Residence, No. Russellville Mo R.R.#.2 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	Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF James Morrow

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Jan.14th,1849

7. AGE Years	Months	Days	If LESS than 1 day, hrs. or min.
82	10	18	

OCCUPATION

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. House Wife
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) Russellville, Missouri.

FATHER

13. NAME Samual Short
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER

15. MAIDEN NAME Mary Simpson
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

17. INFORMANT James Morrow
(ADDRESS) Russellville, Mo.

18. BURIAL, CREMATION, OR REMOVAL
PLACE Enloe Cemetary DATE Dec.4th,1931.

19. UNDERTAKER G.W.Steffens
(ADDRESS) Russellville Mo.

20. FILED Dec.4 1931 Mrs. H. L. Enloe
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Dec.2nd.1931 , 19

22. I HEREBY CERTIFY, That I attended deceased from Nov 29 1931, to Dec 2 1931
I last saw her alive on Dec 1 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 Nephritis	1925
1931	

Other contributory causes of importance:

Name of operation Date of
What test confirmed diagnosis? Was there an autopsy?

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) W. L. Lulie M. D.
(Address) Russellville Mo

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.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

MARGIN RESERVED FOR BINDING

DEC 10 1932