

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

Do not use this space.

15860

File No. \_\_\_\_\_  
Registered No. 360  
St. \_\_\_\_\_ Ward)

1. PLACE OF DEATH  
39 County Green Registration District No. 318  
3 Township \_\_\_\_\_ Primary Registration District No. 2001  
5 City Springfield (No. 1854) J. Campbell  
2. FULL NAME Minnie Alberta Marriott  
(a) Residence, No. 18548 Campbell 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 <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Married</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Joe. E. Marriott</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>5-7-1922</u>		
7. AGE YEARS <u>50</u>	MONTHS <u>9</u>	DAYS <u>12</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>Housewife</u>		
9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. <u>235</u>		
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>Andrain Co. Mo. 1</u>		
13. NAME <u>James Ruse</u>		
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Suffolk, England</u>		
15. MAIDEN NAME <u>Francis Augusta Sims</u>		
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>New Canaan, Conn?</u>		
17. INFORMANT (ADDRESS) <u>Joe. E. Marriott</u>		
18. BURIAL, CREMATION, OR REMOVAL to PLACE <u>Glengated, Mo</u> DATE <u>5-13</u> 19 <u>32</u>		
19. UNDERTAKER (ADDRESS) <u>Hidwell Versailles, Mo.</u>		
20. FILED <u>5712</u> 19 <u>32</u> <u>John Sharp</u> Registrar		

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from 5-7 1932 to 5-12 1932  
I last saw h alive on 5-12 1932. Death is said to have occurred on the date stated above, at 1 A.m.  
The principal cause of death and related causes of importance were as follows:  
Nephritis  
137A  
137A  
Other contributory causes of importance:  
(D)

Name of operation \_\_\_\_\_ Date of \_\_\_\_\_  
What test confirmed diagnosis? Microscopic 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? no  
If so, specify \_\_\_\_\_  
(Signed) Garrett Hoyle M. D.  
(Address) Springfield Mo

At the survey 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.

JUN 22 1932

1947  
1948

1949  
1950

1951  
1952

1953

1954  
1955

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

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

**1. PLACE OF DEATH**

County Springfield  
Township Springfield  
City Springfield (No.         )

Registration District No. 318  
Primary Registration District No. 2001

File No.           
Registered No. 360  
St.          Ward         

**2. FULL NAME**

Missie Alberta Morrish

(a) Residence, No.          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 F 4. COLOR OR RACE W 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) M

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) July 30 1881

7. AGE YEARS 50 MONTHS 9 DAYS 12 If LESS than 1 day,          hrs. or          min.

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.           
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)         

13. NAME         

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

15. MAIDEN NAME         

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

17. INFORMANT (ADDRESS)         

18. BURIAL, CREMATION, OR REMOVAL PLACE          DATE         , 19        

19. UNDERTAKER (ADDRESS)         

20. FILED 7-6-32 Ralph W Langley Registrar

**MEDICAL CERTIFICATE OF DEATH**

21. DATE OF DEATH (MONTH, DAY, AND YEAR) May 12 1932

22. I HEREBY CERTIFY, That I attended deceased from          to         , 19        

I last saw him          alive on         , 19        . Death is said to have occurred on the date stated above, at          m.

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

Date of onset         

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)         , M. D.

(Address)         

SUPPLEMENTARY

ALL INFORMATION SHOULD BE CAREFULLY SUPPLIED. AG 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. REGISTRAR SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW.

5-15860