

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.

SEP 27 1932

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

Do not use this space.

31199

1. PLACE OF DEATH  
103 County Stoddard Registration District No. 8KO  
Township Deer Creek Primary Registration District No. 6102  
City Puucos mo (No. ....) St. .... Ward)

2. FULL NAME Bettie Morgan  
(a) Residence, No. .... St., .... Ward.  
(Usual place of abode)  
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. (If nonresident, give city or town and State)

File No. ....  
Registered No. 31

## PERSONAL AND STATISTICAL PARTICULARS

3. SEX F 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Oct 8 / 1857

7. AGE	YEARS	MONTHS	DAYS	IF LESS than 1 day, hrs. or min.
	<u>74</u>	<u>11</u>	<u>27</u>	

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

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) Rosa mo (STATE OR COUNTRY) 113. NAME Hezekiah Sifford14. BIRTHPLACE (CITY OR TOWN) Dout Know (STATE OR COUNTRY) 115. MAIDEN NAME Dout-Know16. BIRTHPLACE (CITY OR TOWN) Dout-Know (STATE OR COUNTRY)17. INFORMANT Carrol Morgan (ADDRESS) Puucos mo18. BURIAL, CREMATION, OR REMOVAL PLACE Puucos mo DATE Sept 6 193219. UNDERTAKER Hickman-White Stone (ADDRESS)20. FILED Sept 6 1932 G. L. Hope Registrar.

## MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Sept 5 193222. I HEREBY CERTIFY, That I attended deceased from June 1 1930, to Sept 5 1932. I last saw him alive on Sept 3 1932. Death is said to have occurred on the date stated above, at 2300 m.

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

Pneumonia Tuberculosis  
23A  
2 x 4  
pnOther contributory causes of importance: 0Name 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) E. E. Elmer, M. D.(Address) Puucos mo

