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.
35198

1. PLACE OF DEATH
27 County Cooper — Registration District No. 218 — File No.
2 Township — Primary Registration District No. 3015 — Registered No. 113
4 City Boonville (No. , St. Ward)

2. FULL NAME Mrs. Permelia Frances Morton.
(a) Residence, No. 804 E. Spring. 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: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widowed.

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

6. DATE OF BIRTH (MONTH, DAY, AND YEAR): June 28" 1847

7. AGE: YEARS 85 — MONTHS 4 — DAYS 25 — If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.: Housewife.
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): Carlisle Kentucky. 2

FATHER
13. NAME: Capt. James H. Orr.
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlisle Kentucky.

MOTHER
15. MAIDEN NAME: Martha Ann McCormick.
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY): Carlisle Kentucky.

17. INFORMANT (ADDRESS): Mrs. R. L. Moore Sr. Boonville Mo.

18. BURIAL, CREMATION, OR REMOVAL: Boonville Mo.
PLACE Walnut Grove Cem DATE Nov. 23" 1932

19. UNDERTAKER (ADDRESS): Goodman & Boller, Boonville Mo.

20. FILED Nov 23 1932 G. A. Russell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR): ~~June~~ Nov 22" 1932

22. I HEREBY CERTIFY, That I attended deceased from Nov. 18th 1932, to Nov 22 1932
I last saw her alive on Nov 21st 1932. 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
Apoplexy (Cerebral)	
8 2 A	
8 2 A	

Other contributory causes of importance:

Name of operation: None — Date of
What test confirmed diagnosis? Clin. — Was there an autopsy? no

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) R. L. Evans, M. D.
(Address) Boonville Mo